



GOODHUE COUNTY MINNESOTA

TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN
SEPTEMBER 17, 2019
10:30 A.M.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
 - a. August 2019 Minutes
Documents:
[HHS BOARD MINUTES.PDF](#)
4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:
 - a. Child Care Licensure Approvals
Documents:
[CHILD CARE APPROVALS.PDF](#)
 - b. C&TC Contract Amendment
Documents:
[CTC CONTRACT AMENDMENT.PDF](#)
 - c. Toward Zero Death (TZD) Resolution
Documents:
[FFY20 TZD SAFE ROADS RESOLUTION.PDF](#)
5. ACTION ITEMS:
 - a. Accounts Payable
Documents:
[ACCOUNTS PAYABLE.PDF](#)
6. INFORMATIONAL ITEMS:

- a. Disease Prevention & Control (DP&C) Update
Vicki Iocco

Documents:

[DPC UPDATE 2019.PDF](#)
[2018 DPC ANNUAL REPORT.PDF](#)

- b. GCHHS Accreditation Journey
Ruth Greenslade

Documents:

[GCHHS ACCREDITATION JOURNEY.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. 2017 Goodhue County Reportable Infectious Disease Report

Documents:

[REPORTABLE INFECTIOUS DISEASE.PDF](#)

- d. CDC Accreditation Letter

Documents:

[CDC ACCREDITATION LETTER.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

- a. GCHHS Accreditation Celebration
September 17, 2019
11:30 - 12:00 pm
In the Goodhue County Health and Human Services Lobby

9. ADJOURN

- a. Next Meeting Will Be October 15, 2019 At 10:30 AM

PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF AUGUST 13, 2019**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 9:14 A.M., Tuesday, August 13, 2019 in the Goodhue County Board Room located in Red Wing, Minnesota.

BOARD MEMBERS PRESENT:

Brad Anderson, Paul Drotos, Susan Johnson, Jason Majerus, Barney Nesseth, and Nina Pagel

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, and Lisa Woodford

AGENDA:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved the August 13, 2019 Agenda.

MEETING MINUTES:

On a motion by B. Nesseth and seconded by J. Majerus, the Board unanimously approved the Minutes of the Annual H&HS Board Meeting on July 2, 2019.

CONSENT AGENDA:

On a motion by B. Anderson and seconded by S. Johnson, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion by B. Anderson and seconded by S. Johnson, the Board unanimously approved payment of all accounts as presented.

On a motion by B. Nesseth and seconded by J. Majerus, the Board unanimously approved to recommend the County Board to approve the SCHA Procurement Mediation Request.

INFORMATIONAL ITEMS:

Mike Zorn presented the 2nd Quarter 2019 Fiscal Report.

FYI & REPORTS:

Placement Report
Child Protection Report
CHB Performance Results
Child Safety and Permanency and MFIP/DWP Self-Support Index
Child Support Awareness Month
HHS Quarterly Trend Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 9:55 a.m.

DRAFT

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 17, 2019	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Nancy Staub Pine Island
- Jenna Kehren Goodhue
- Laura Keim Pine Island
- Maribeth Salfer Pine Island
- Kelly Miller Cannon Falls
- Dorothy Lodermeier Goodhue

Child Care Licensures:

- Michelle Matthees Red Wing
- Priscilla Scheffler-Keller Pine Island

Number of Licensed Family Child Care Homes: 87

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (H&HS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 17, 2019	Staff Lead:	Brooke Hawkenson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Child and Teen Checkup (C&TC) Contract, budget and work plan for 2020		

BACKGROUND:

The Child and Teen Checkup (C&TC) Program is a comprehensive and periodic screening program to help assure children are visiting their physician for appropriate well child exams and treatments. This is a federal program that is administered by the Minnesota Department of Human Services (DHS), whom we get our funding from. Children, newborn through the age of 20 who are enrolled in medical assistance, are eligible for this program.

Public Health staff is required by this program to do outreach to these families to inform and assist them with getting the medical and dental services they need. Phone calls and letters are mailed out to families, as well as some face-to-face visits to encourage regular and routine well child visits.

Staff also connects with medical clinics to assist them with resources so they can do a complete checkup and answer potential billing questions so the clinics can get appropriate reimbursement for these services.

The budgeted amount for these services this year from DHS is \$106,238.00.

RECOMMENDATION:

HHS recommends approval of the C&TC Contract, budget and work plan to continue these services in our county.

AMENDMENT NO. 2 TO GRANT CONTRACT GRK%134368

Contract Start Date:	1/1/2018	Total Contract Amount:	\$318,980.00
Original Expiration Date:	12/31/2020	Original Contract Amount:	\$107,378.00
Current Expiration Date:	12/31/2020	Previous Amendment(s) Total:	\$105,364.00
Requested Expiration Date:	n/a	Amendment Amount:	\$106,238.00

This amendment is by and between the State of Minnesota, through its Commissioner of the Department of Human Services, Purchasing and Service Delivery Division (“STATE”) and the county of **Goodhue County Health and Human Services, 426 West Avenue, Red Wing, MN 55066 (“CHB”)** an independent contractor, not an employee of the State of Minnesota.

Recitals

WHEREAS, STATE has a Contract with CHB, identified as GRK%134368 (“Original Contract”) to provide Early and Periodic Screening, Diagnosis and Treatment Administrative Services to Medical Assistance eligible children birth through 20 years of age;

WHEREAS, the STATE is in need of continued Early and Periodic Screening, Diagnosis and Treatment Administrative Services;

WHEREAS, the Original Contract does not include the total obligation to be paid in Calendar Year 2020;

WHEREAS, the STATE and CHB have agreed to amend the Original Contract to add the total obligation to be paid in Calendar Year 2020.

Therefore, the parties agree that:

Amendment

In this Amendment, changes to pre-existing Contract language will use ~~strike-through~~ for deletions and underlining for insertions.

REVISION 1. Article 2, Section 2.1, Clause C, “Total obligation”, is amended as follows:

- C. Total obligation. The total obligation of STATE for all compensation and reimbursements to CHB shall not exceed one hundred seven thousand, and three hundred seventy eight dollars (\$107,378.00) for services performed in CY 2018. The total obligation of STATE for all compensation and reimbursements to CHB shall not exceed one hundred five thousand, and three hundred sixty four dollars (\$105,364.00) for services performed in CY 2019. The total obligation of STATE for all compensation and reimbursements to CHB shall not exceed one hundred six thousand, and two hundred thirty eight dollars (\$106,238.00) for services performed in CY 2020.

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL GRANT CONTRACT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, the parties have caused this grant contract to be duly executed intending to be bound thereby.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION:

Individual certifies that funds have been encumbered as required by Minn. Stat. §16A.15 and §16C.05

By (authorized signature) N/A paid through MMIS

3. STATE AGENCY:

Individual certifies the applicable provisions of Minn. Stat. §16B.97, subdivision 1 and Minn. Stat. §16B.98 are reaffirmed.

By (authorized signature)
Title
Date

2. GRANTEE:

Signatory is authorized by applicable articles, by-laws, resolutions, or ordinances to sign on behalf of the Grantee

By
Title
Date

I certify that the signatories for the Grantee have lawful authority, by virtue of the corporate by-laws or a corporate resolution, to bind the Grantee to the terms of this grant contract.

(Attorney for Grantee)

By
Title
Date

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

OBJECTIVE 1:

Inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families **within 60 days** of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, and face-to-face methods. Include information such as the benefits of preventive health care, the services available under the C&TC Program, where and how to obtain those services, that the services are without cost to the eligible child, and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform foster care families/children.

Determine family response to C&TC Program participation. Documentation must be kept which indicates that recipients have accepted, declined, or are undecided about C&TC services AFTER receiving the information. Families/children which are undecided about participating in the C&TC screening program should be provided with additional information.

CHB/Tribal Nation Name: Goodhue

CHB/Tribal Nation C&TC Participation Rate for FFY 2016: 61 %

CHB/Tribal Nation C&TC Participation Rate for FFY 2017: 65 %

CHB/Tribal Nation C&TC Participation Rate for FFY 2018: 41 %

(Multi-County CHB Ppt. Rates: divide total # CHB eligibles screened by total # CHB eligibles – determine by multiplying #eligibles from line 1 CMS-416 by line 10 CMS-416 county participation rate for each county and adding together.

Work Plan for (check one):

2018:

2019: Check year if Attachment 2 is revised for 2nd year of contract.

Make revisions in red.

2020: Check year if Attachment 2 is revised for 3rd year of contract.

Make revisions in red.

Name of C&TC Program Coordinator(s):
(multi-county CHBs: list each Coordinator and county name)

Jane Schwartau, RN, PHN

Required Activities	Describe the methods used to complete these required activities.
1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribal Nation must know who the eligible population is to do outreach and follow-up) <i>Use the CATCH System according to DHS instructions to assist with maintaining this list.</i>	Information available and updated monthly via the Catch software system database. Current list of eligible families/children is maintained through regular/timely Catch III monthly downloads.
2. Effectively inform newly eligible families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language at or below a 7 th grade reading level in all written communication. Provide communication through interpreter or translated written material when appropriate.	All families are contacted within 60 days of when they become eligible for MA. This is maintained via monthly Catch III downloads. They are contacted by mail, and also either a follow-up phone call, a home visit by one of our nurses, or an office visit at WIC. Information is entered and updated regularly using Catch III software system database. Families are encouraged to ask specifically for a C&TC when making an appointment. "Parent Checklist" is now called "getting the most out of your child's check-ups". We are also using DHS-6555 age appropriate brochures.
3. Foster care families/children should be informed through responsible CHB/Tribal Nation child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform foster care homes/institutions, appropriate social workers of C&TC Program services available to foster care children. Work with foster care child	C&TC letters for children in foster care are provided to us via Foster Care Transmittals to ensure accurate address and from that letters are mailed. Letters are sent at least annually or more often based on the child's age and according to the periodicity schedule. Outreach will also be done annually with social workers regarding the program, including information regarding periodicity schedule, MCO/PMAP incentive vouchers and other pertinent updates, so they may share this information

workers to develop a process to assure children in foster care receive C&TC information.

with foster families.

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

Required Activities	Describe the methods used to complete these required activities.
<p>4. Provide effective means to inform those eligible families/children who are blind, deaf or who cannot read or understand the English language.</p>	<p>Families are provided both written information as well as a phone call, home visit, or office visit at a WIC clinic. This provides the ability to reach both blind and deaf clientele, as well as those who cannot read. C&TC brochures are available to clients in other languages and interpreters are used for contacting clients who would like assistance with scheduling appointments, and are not proficient in the English language</p>
<p>5. After effectively informing families/children about C&TC, determine if their response is “yes”, “no” or “undecided” about accepting C&TC benefits. Document their response in CATCH system. New families will appear in the CATCH system as “U” or Undecided. If reached and a family remains “undecided” after receiving outreach, document/choose “undecided” in the detail list for that outreach contact If not reached, leave “U” families as undecided in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never assume a “yes” or “no” response. Families/children declining C&TC services should not be contacted about the program again for one year. After one year from the time the “No” response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A re-notification letter will also be generated if no screenings or case activity occurred during the year.)</p>	<p>Documentation of family response to information regarding C&TC is done in the Catch III system. Families with a “no” response to C&TC will not be contacted for a full year until their renotification letter is generated by the Catch III system when the screenings are due. After one year families are called/contacted (considering using text contacts in 2020) to find out “Y”, “N”, or “U” regarding accepting C&TC. Reminder letters resume as well as renotification letter if appropriate.</p>
<p>6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.</p>	<p>Information regarding contact is entered and updated regularly using Catch III software system database.</p>
<p>7. Remind eligible families/children in writing, orally and/or face-to-face when their next C&TC screening is due, according to the current periodicity schedule. Utilize C&TC Parent Checklists. Maintain dated documentation of all reminder activities.</p>	<p>Periodicity reminder letters are generated and sent each week using the Catch III software system database. The “Getting the most out of your child’s check-ups” age appropriate brochures is included in each reminder letter. Outreach is also done at WIC clinics and home visits to remind families when screenings are due. All contact is documented and updated using the Catch III system.</p>
<p>8. Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families/children about the C&TC program and its benefits.</p>	<p>Meetings are held annually with all agency divisions, including income maintenance staff, social services staff (mental health and child protection) and waiver case management staff. These meeting enhance program outreach and consistency in information. Meetings are also held on an as needed basis with staff supervisor to communicate goals and explore additional outreach methods. C&TC coordinator attends monthly family health staff meetings (including WIC staff) to keep staff up to date on new program information.</p>
<p>9. Other activities provided to meet this objective:</p>	

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

<p>OBJECTIVE 2: Provide assistance for families and children to access C&TC services.</p> <p>Federal/State Requirements: Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments, and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.</p>	
<p>CHB/Tribal Nation Name: <u>Goodhue County</u> Work Plan for (check one):</p> <p>2018: ___ 2019: ___ Check year if Attachment 2 is revised for 2nd year of contract. Make revisions in red. 2020: <u>X</u> Check year if Attachment 2 is revised for 3rd year of contract. Make revisions in red.</p>	
<p>Required activities</p>	<p>Describe the methods used to complete these required activities.</p>
<p>1. Of the newly eligible families/children, identify those needing assistance with obtaining services. To identify families/children needing assistance, contact in writing, orally and/or face-to-face. Document all contacts in CATCH.</p>	<p>Catch III introduction letter list is used to identify new families eligible for C&TC services. Families are then followed up with a phone call, office visit at WIC, or home visit to discuss need for services and if assistance is needed to schedule an appointment or answer any questions and give information regarding the C&TC program.</p>
<p>2. Assist families/children, who request assistance, with obtaining screening and/or referral services within 10 days of the request. Keep dated documentation.</p>	<p>Families requesting assistance with screenings are contacted within 10 days of Goodhue County Health and Human Services receiving request. Results of all requests are documented in Catch III. Families are contacted via phone or follow up letter in the allotted time period.</p>
<p>3. Offers of assistance with obtaining C&TC screening or follow-up services should be included in all appropriate letters, telephone calls and face-to-face contacts with eligible families/children.</p>	<p>Contact information is provided in letters to families as well as during face to face visits and phone calls if families need more information or assistance with scheduling an appointment.</p>
<p>4. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses, telephone numbers, and service hours. Lists should be updated at least twice a year.</p>	<p>Current list of providers is maintained by Goodhue County Health and Human Services C&TC staff. This list is given or sent to eligible participants at any time upon request and also as a part of the introductory mailing. MA medical and dental providers including vision and hearing screening information are updated semiannually on this list. Vision and Hearing screens are conducted by Primary Care Providers, this list is sent with every introduction letter, three year old letter, and as requested.</p>

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

Required activities	Describe the methods used to complete this activity.
<p>5. Maintain and provide upon request a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.</p>	<p>Current list is on file at Goodhue County Health and Human Services. Transportation information is provided upon request including addresses, phone numbers and service hours. Assistance in making transportation arrangements to appointments as needed is available as needed. This list is updated when changes occur and annually. Families are informed they can also get assistance setting up transportation through South Country Health Alliance, our local PMAP plan.</p>
<p>6. Maintain written list with information about alternate, available methods of communication such as sign language interpreter services, Braille, language interpreter services and translated materials. Update as needed or at least annually.</p>	<p>TDD services are available per Goodhue County Health and Human Services policies. "Language Banc" or local PMAP interpreter services are available for translation on languages, including sign language, as well as several interpreters in local area. Assistance is available as needed in making interpreter arrangements. Interpreter information available upon request. Our policy for the visually impaired states we will read all material that is presented. Our contacts would be by phone and direct contact. Braille materials will be looked at if needed. This list is updated annually.</p>
<p>7. Provide follow-up on referrals for diagnosis and/or treatment made during a C&TC screening to determine if child has received the referral services. Offer assistance, as needed, with making an appointment, transportation or interpreter arrangements, etc. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.</p>	<p>Referral information is generated from the Catch III system on a monthly download. This list is printed and follow up is done with families to assess if referral services have been received. Monthly report is run via Catch to keep updated on appropriate referral information. Follow-up results and information are documented in Catch.</p>
<p>8. Other activities provided to meet this objective:</p>	

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

OBJECTIVE 3:

Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

Federal/State Requirements:

Families/children may decline C&TC services at any time. If a family chooses not to participate in the C&TC Program, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families/children who are eligible for screening services, regardless of their initial response to the C&TC Program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

CHB/Tribal Nation Name: Goodhue County

Work Plan for (check one):

2018:

2019: Check year if Attachment 2 is revised for 2nd year of contract. Make revisions in red.

2020: Check year if Attachment 2 is revised for 3rd year of contract. Make revisions in red.

Required activities	Describe the methods used to complete these required activities.
<p>1. Maintain dated documentation of families/children who say “no” to participation in the C&TC Program. Families/children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.</p>	<p>Information is maintained and documented in the Catch III software system database. Families will not be contacted within 1 year if they say no to participation in the program. Letters will be regenerated in 1 year by the Catch III program when child is then next eligible for screening.</p>
<p>2. After one year from the date the family said “no,” eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening.)</p>	<p>Re-notification letter will be generated by the Catch III system a full year after the no response was received, when the child is next eligible for screening based on the periodicity schedule. Re-notification letters are followed up with a phone call to families, a home visit by a nurse or an office visit at WIC clinic. All contacts are documented within the Catch III system.</p>
<p>3. Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.</p>	<p>Re-notification letters will be generated by the Catch III system if families have not participated in a C&TC screening for a year. These letters are generated and mailed on a weekly basis. Re-notification letters are followed up with a phone call to families, a home visit by a nurse or an office visit at WIC clinic. All contacts are documented within the Catch III system.</p>
<p>4. Other activities provided to meet this objective:</p>	

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

<p>OBJECTIVE 4: To coordinate C&TC services with related programs.</p> <p>Federal/State Requirements: C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children’s Mental Health and Community Health Services.</p>	
<p>CHB/Tribal Nation Name: <u>Goodhue County</u></p> <p>Work Plan for (check one):</p> <p>2018: <input type="checkbox"/> _____</p> <p>2019: <input type="checkbox"/> _____ Check year if Attachment 2.4 is revised for 2nd year of contract. Make revisions in red.</p> <p>2020: <input checked="" type="checkbox"/> _____ Check year if Attachment 2.4 is revised for 3rd year of contract. Make revisions in red.</p>	<p>Guidelines: Please read requirement above. (1) coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) pursue community collaborative efforts (health fairs, screening services, health forums and public awareness; (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.</p>
<p>Agency:</p>	<p>Describe collaborative, community activities</p>
<p>1. Refer appropriate C&TC enrollees to WIC for possible eligibility determination and appropriate WIC clients to C&TC. This is required.</p>	<p>A list is generated by the C&TC coordinator of all eligible families/children. The outreach worker/PHN makes contact with MA recipients at WIC pickup sites. Families are then given information on a face to face basis regarding C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All birth-four year old eligible families are sent a brochure describing WIC, including how to enroll in WIC and the phone number for the local WIC office. When phone calls are placed to families to discuss C&TC, information is also given verbally regarding WIC and how to enroll when appropriate.</p>
<p>2. Head Start</p>	<p>C&TC screenings are offered to Head Start children via physician offices. Goodhue County Health and Human Services currently has a contract with Head Start for consultation services regarding health record review, information sharing and outreach regarding C&TC.</p>
<p>3. Immunization Registries, etc.</p>	<p>C&TC brochures are available at immunization clinics and given to families by a nurse at the time of immunization as needed.</p>
<p>4. Public Schools (e.g. Early Childhood Screening [ECS])</p>	<p>Colvill Family Center provides co-location activities of Head Start, ECFE, ECSE, and preschool programs. Yearly outreach is provided to staff.</p>
<p>5. MCH Programs (e.g. home visiting if appropriate)</p>	<p>Family health nurses include C&TC outreach at their regularly scheduled home visits. C&TC outreach coordinator attends Family Health Staff Meetings and provides program updates.</p>
<p>6. Other (Children’s Mental Health, Housing Programs, Information and Referral Services, Health Related Services, Daycare, Support Services [e.g. transportation, health education, counseling], collaborative activities, health fairs, etc.)</p>	<p>C&TC Coordinator is available as a resource for community as needed, including transitional housing and women’s center clients. C&TC also participates at the annual Goodhue County Fair. Informational materials are available for the public as well as a staff member available for questions. Other community outreach collaborative events include local school wellness expos, “Make It OK” mental health awareness event, local community bike rodeos, and Treasure Island employee health fair. Also collaborate with display in Goodhue County Health and Human Services lobby for National Immunization week.</p>

**Child and Teen Checkups (C&TC)
2018-2020 Administrative Services Work Plan**

OBJECTIVE 5:
Recruit and train local providers about the C&TC Program.

Federal/State Requirements:

States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to do outreach to C&TC provider clinics to promote the C&TC Program, to encourage compliance with C&TC Program requirements, to assist in the assessment of C&TC training needs, to assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, to act as a referral source and to offer C&TC Program technical assistance as needed.

<p>CHB/Tribal Nation Name: <u>Goodhue County</u></p> <p>Work Plan for (check one):</p> <p>2018: <u> </u> 2019: <u> </u> Check year if Attachment 2.5 is revised for 2nd year of contract. <i>Make revisions in red.</i> 2020: <u> X </u> Check year if Attachment 2.5 is revised for 3rd year of contract. <i>Make revisions in red.</i></p>	<p>Guideline: C&TC Administrative Services agencies are required to identify and provide information and technical assistance to all C&TC providers available to families/children. C&TC Administrative Services agencies may provide training on C&TC Program requirements. C&TC Administrative Services Agencies should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for their local C&TC providers. MDH staff is available to train local providers on C&TC screening components.</p>	<p>Number of estimated MA Eligible Children in Community Health Board (CHB)/Tribal Nation (from Appendix A or A-1). *Please see note under Guideline. 2017: <u>4,052</u> 2018: <u>3,976</u> 2019: <u>4,009</u></p> <p>Current # of C&TC Providers – (# clinics and satellites within CHB border or Tribal Nation Contract Health Services Delivery Area (CHSDA). 2017: <u> 7 </u> 2018: <u> 8 </u> 2019: <u> 8 </u></p> <p>Current # C&TC clinics, within CHB border or Tribal Nation CHSDA, offering C&TC services to new (as well as existing) MA enrollees. 2017: <u> 7 </u> 2018: <u> 7 </u> 2019: <u> 8 </u></p> <p>Current # of Dental Providers – (# clinics within CHB border or Tribal Nation CHSDA) 2017: <u> 18 </u> 2018: <u> 3 </u> 2019: <u> 15 </u></p> <p>Current # of dental providers, within CHB border or Tribal Nation CHSDA, currently offering services to new (as well as existing) MA enrollees. 2017: <u> 3 </u> 2018: <u> 1 </u> 2019: <u> 3 </u></p>
<p>*Note: In third column: For contract year 2018, complete the 2017 column. For contract year 2019, complete the 2017 and 2018 columns. For contract year 2020, complete the 2017, 2018, and 2019 columns.</p>		

**Child and Teen Checkups (C&TC)
2018-2020
Administrative Services Work Plan**

Required Activities	Describe the methods used to complete these activities.
<p>1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of provider documentation forms to capture all C&TC components.</p>	<p>Meetings will be scheduled with clinics yearly and on an as needed basis. Via email or in person distribute (as needed) updates to the C&TC Provider Information Guide (available online at DHS website). Send periodic informational program updates to clinics & offers of assistance. Maintain current clinic staff contact list to facilitate communication. Make frequent phone calls and/or emails to maintain contact with clinic staff. Conduct C&TC program overview training. Provide clinic staff with web links to find updated information/training/resources.</p>
<p>2. Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators as appropriate to promote consistent messages and reduce duplication of outreach, assessment and training services.</p>	<p>C&TC coordinators attend regional C&TC meeting on a quarterly basis to discuss information and resources with other C&TC providers to promote consistent messages to children/families. Health program staff attend these meetings as well. South Country Health Alliance is the health plan for MA in Goodhue County. South Country is a county based purchasing plan and coordination is done with this plan on a regular basis, and Goodhue County has a community resource team member who communicates with our health plan regularly. This communication includes information regarding Child and Teen Checkup. Any new information or questions are then passed on to providers as appropriate.</p>
<p>3. Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.</p>	<p>Make regular contacts with clinics to assess ongoing commitment to providing screenings and to identify perceived training needs, as well as to keep providers current on information regarding C&TC program. Phone contacts as well as face to face contacts will be made with providers to discuss training needs. Meetings will be set up with providers to address issues and keep providers current. Training will be coordinated with DHS, MDH, and health plan representatives as needed to address needs.</p>
<p>4. Distribute the C&TC Provider Guide web link as needed and as updates to the guides are available, inform providers of these changes to the <u>Minnesota Health Care Program Provider Manual – C&TC Section</u>. Provide web links to each provider with related C&TC information. For providers needing additional information, coordinate with local health plan representatives to provide essential contact and program information.</p>	<p>South Country Health Alliance is the health plan for Goodhue County at this time. Goodhue County Health and Human Services will continue to distribute the C&TC Provider Guide web link as needed and as updates are available. PMAP plan managers attend regional quarterly and additional meetings to facilitate information sharing.</p>
<p>5. Act as a referral source for C&TC provider billing issues, e.g., refer providers to the billing information section and resource telephone lists for health plan representatives in the C&TC Provider Guide. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: (651) 431-2700 or 1-800-366-5411.</p>	<p>Consultation is available through Goodhue County Health and Human Services C&TC Coordinator. Providers are referred to billing information and resource lists for health plan representatives in provider guide as appropriate, as well as the DHS provider Help Desk. Assistance will be offered to providers as needed to utilize all resources available to them.</p>
<p>6. Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.</p>	<p>Current listing is on file at Goodhue County Health and Human Services Medical and dental provider lists are updated a minimum of twice a year.</p>

7. Other activities provided to meet this objective:

--

**Child and Teen Checkups
2020**

Submit one budget for CHB/Tribal Nation

Name of CHB/Tribal Nation:

Goodhue County Health and Human Services

Estimated number of CHB/Tribal Nation C&TC Eligible Children

4,009 (From Bulletin Appendix A or A-1)

A. COMPENSATION COSTS

1. Direct Staffing Costs					
Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary and Wages	Fringe Benefits	Total Salary/Wages and Fringe Benefits
Supervisor	20	0.01	\$703.00	\$338.00	\$1,041.00
Outreach Staff	516	0.25	\$23,458.00	\$5,074.00	\$28,532.00
Clerk or Support Staff	1,590	0.76	\$40,517.00	\$14,638.00	\$55,155.00
Totals	2,126	1.02	\$64,678.00	\$20,050.00	\$84,728.00

2. Equipment: C&TC screening equipment is not an allowable expense. Equipment expenses must be prorated for C&TC use. Computer equipment purchases require prior approval. (Please attach description and justification of equipment expenses. Capital purchase descriptions must include cost effectiveness justification.)	Computer Costs	\$1,300.00
	Other Equipment Costs	\$0.00

3. Other Direct Costs	
Office Supplies	\$100.00
Printing	\$3,000.00
Postage	\$3,000.00
Telephone	\$0.00
Office Space	\$0.00
Interpreter/Translation Services	\$0.00
MDH Training Conferences/Workshops/Meetings/Fees: plan for at least 1 regional C&TC coordinator meeting @ \$30 per person; 1 Screening in Early Childhood regional workshop at \$50 per person; MDH C&TC screening trainings ranging from \$600/3 day to \$16 per contact hour for ad hoc/updates; other C&TC training provided by MDH @ \$96 per person. <i>Do not include training costs for PHNs not performing C&TC screening services.</i>	\$400.00
C&TC Outreach Supplies (please list a description including estimated amount of items and cost per item on page 3 Attachment 1)	\$1,750.96
C&TC Outreach Advertisement (Please list and attach a description/ad copy/mock up for each ad)	\$3,000.00
Other (publications, exhibit fees, miscellaneous, etc.) (Please list and attach a description).	\$0.00
Total Other Direct Costs	\$11,250.96

4. SUBCONTRACTS/CONSULTANTS COSTS (Please complete Appendix C.)	\$0.00
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5. INDIRECT COST – Use a standard indirect cost allowance equal to only 10% of the direct salary and fringe benefits of providing the service in lieu of determining the actual indirect cost. Any other indirect cost rate must be based on and supported by a cost allocation plan. (See 'Input' tab)	8472.8
---	---------------

6. Total Compensation Cost – (Sum of A1 through A5)	\$105,751.76
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B. TRAVEL COSTS

1. Mileage: 400 miles at 30 cents per mile (Commissioner's rate or CHB/Tribal Nation rate, whichever is less). As of July 1, 2013, the mileage reimbursement rate is 57.5 cents per mile.	\$120.00
2. DHS/MDH C&TC designated training conferences/workshops/meetings (mileage, lodging, meals, per diem, to attend conferences/workshops/meetings)	\$120.00
Total Travel (Sum B1 and B2)	\$240.00
C. Total Budget Request (Sum of A and B) (Rounded to the nearest dollar)	\$105,992.00
D. C&TC Services Costs per Child: <i>Total Budget (line C) divided by the number of eligible children (Appendix A or Appendix A-1). Not to exceed \$26.50 per eligible child. (If amount is less than \$26.50, submit an explanation of how CHB/Tribal Nation intends to meet the federal 80% participation goal while using less than the full contract amount).</i>	\$26.44

IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

For CHB/TRIBAL Nation: _____

Date: _____

For STATE: _____

Date: _____

**Minnesota Department of Human Services
2018-2020 Child and Teen Checkups (C&TC)
Administrative Services Contract**

Contractor Information

Please complete information below that will be used to complete a contract.

Contractor Name:

Contractor Address:

City:

State:

Zip Code:

Contractor type:

Social Security or Federal Employer ID number:

Minnesota Tax ID number (If Applicable):

C&TC Contract Authorized Representative:

Telephone number:

Fax number:

Email Address:

Data Privacy and Security Responsible Authority:

Counties Participating in CHB (if applicable):

National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number that will be used when submitting claims for 2018-2020 C&TC Administrative Services expenses:

Claims will be submitted:

Monthly Quarterly Other (please specify)

Fiscal Agent (Entity) for the Contract:

All proposed changes to the Contractor's Duties and/or other sections of the Child and Teen Checkups Administrative Services Contract MUST be described on a separate page(s) and submitted with the Contractor Information page for DHS approval.

C&TC Outreach Advertisements

Southeastern Minnesota plans to work as a region plan to increase outreach to recipients & families via use of radio ads and digital ads on social media, i.e. facebook and Instagram. SE regional coordinators are looking into all SE region counties using same radio ad for consistent messaging in our region. Will utilize local radio stations in our County. Social Media advertising/messaging also using consistent messaging and plan to work with "Townsquare Media" a firm that others in our region are already connected to.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 17, 2019	Staff Lead:	Ruth Greenslade
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Authorize execution of 2020 Towards Zero Deaths Safe Roads grant agreement		

BACKGROUND:

The Minnesota Department of Public Safety, Office of Traffic Safety (OTS) awarded Goodhue County Health and Human Services a Towards Zero Deaths (TZD) Safe Roads grant for the period from October 1, 2019 through September 30, 2020.

The purpose of the TZD Safe Roads grant is to continue coalition work toward the goal of zero traffic deaths and serious injuries on Minnesota’s roads. Research shows that education, media campaigns, or public information efforts on their own are not effective in changing traffic safety behaviors. To be effective, these initiatives must be paired with a larger activity, such as enhanced enforcement. The perception of a high likelihood of receiving a citation for violating traffic laws has a strong impact on driver and passenger behaviors. The TZD Safe Roads grant program uses a data-driven, interdisciplinary approach, integrating education with enforcement, engineering, and emergency medical and trauma services (the “4Es”).

Goodhue County Health and Human Services has received TZD Safe Roads funds since October 1, 2010. For the year October 1, 2019 to September 30, 2020 the grant will be \$19,242.

The Department of Public Safety has requested a resolution from grantees. The RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT assures the governing body supports participating in the proposed project. The resolution authorizes the Goodhue County Health and Human Services Director to sign the grant agreement.

RECOMMENDATION:

HHS Department recommends approval of the resolution authorizing execution of agreement, which authorizes the GCHHS Director to sign the 2020 Towards Zero Deaths Safe Roads grant agreement.

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Be it resolved that Goodhue County Health and Human Services (GCHHS) enter into a grant agreement with the Minnesota Department of Public Safety, for traffic safety projects during the period from October 1, 2019 through September 30, 2020.

The Goodhue County HHS Director is hereby authorized to execute such
(Title of Agency Authorized Official)
agreements and amendments as necessary to implement the project on behalf of

Goodhue County Health and Human Services.

I certify that the above resolution was adopted by the Goodhue County Health and Human Services Board on _____.

(Date)

SIGNED:

(Signature)

(Title)

(Date)

WITNESSETH:

(Signature)

(Title)

(Date)

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 17, 2019	Staff Lead:	Mike Zorn
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve August HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for August 2019:

Date of Warrant		Check No.		Total Batch	
		Series			
IFS	August 2, 2019	ACH	28608	28620	\$8,300.66
IFS	August 2, 2019		446184	446229	\$298,176.63
IFS	August 9, 2019	ACH	28646	28651	\$2,252.21
IFS	August 9, 2019		446365	446406	\$39,556.13
IFS	August 16, 2019	ACH	28652	28665	\$5,299.30
IFS	August 16, 2019		446408	446447	\$16,837.88
SSIS	August 16, 2019		446407	446407	\$4,166.66
IFS	August 23, 2019	ACH	28675	28679	\$2,641.85
IFS	August 23, 2019		446498	446524	\$27,815.08
SSIS	August 30, 2019	ACH	28752	28776	\$323,747.93
SSIS	August 30, 2019		446610	446662	\$204,909.45
IFS	August 30, 2019	ACH	28691	28751	\$69,199.32
IFS	August 30, 2019		446602	446609	\$5,044.20
IFS	August 30, 2019	ACH	28809	28825	\$3,927.84
IFS	August 30, 2019		446698	446758	\$30,744.68
				total	<u>\$1,042,619.82</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

DP&C Updates

Disease Prevention & Control

Vicki Iocco, Public Health Nurse
Program Coordinator

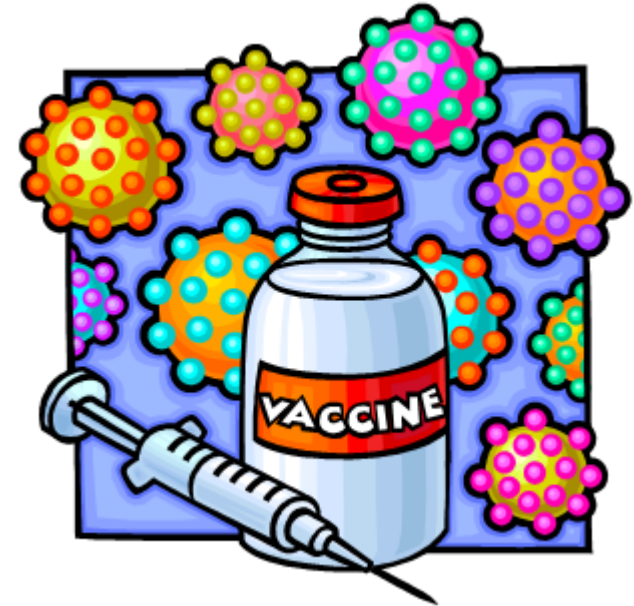
MN Local Public Health Act

3. Prevent the spread of communicable diseases

- Prevent the spread of communicable disease by preventing diseases that are caused by infectious agents through detecting acute infectious diseases, ensuring the reporting of infectious diseases, preventing the transmission of infectious diseases, and implementing control measures during infectious disease outbreaks.
- MN DP&C model: Smaller non-metro counties rely on MDH epidemiologists for investigating reportable diseases (except TB).
- Participate on LENM-Local Epidemiology Network of MN as a rural co. representative.

Immunization Program

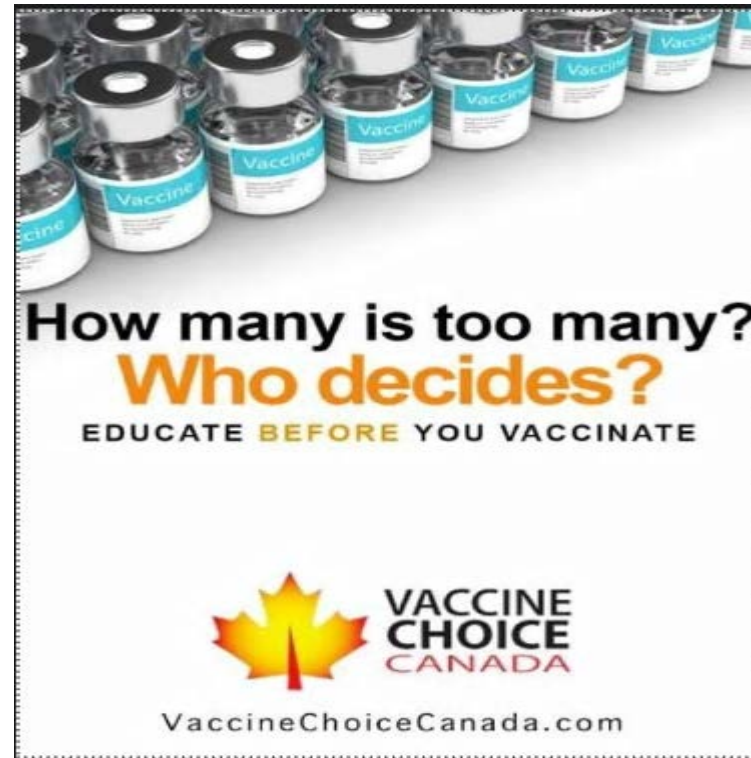
- Provide immunizations (Safety Net)
- Promote Immunizations
 - Single greatest life-saving technology that humankind has ever invented.
 - Vaccination has an even stronger safety profile than car seats and has been equally, if not more important to reducing infant injury and death. (Brooke Fotheringham-former anti-vaxer)






THE SCIENCE OF ANTI- VACCINATION

Sci Show










 **Donald J. Trump** 
@realDonaldTrump Follow 

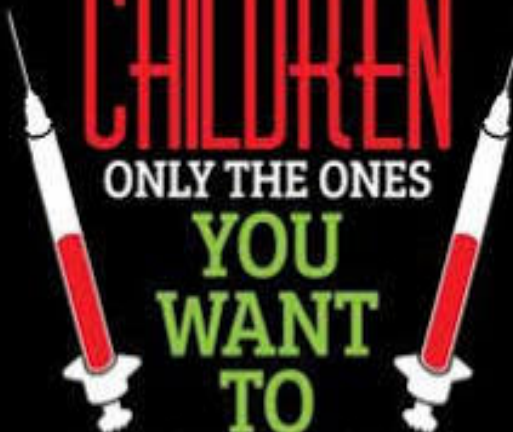
I am being proven right about massive vaccinations—the doctors lied. Save our children & their future.

6:30 AM - 3 Sep 2014

1,336 Retweets **1,197** Likes 

 566  1.3K  1.2K 

NO NEED TO
VACCINATE
ALL OF YOUR
CHILDREN
ONLY THE ONES
YOU
WANT
TO
KEEP



ANTI-VAX
EQUALS
PRO-DISEASE

VACCINES
CAUSE
ADULTISM

**GOODHUE COUNTY HEALTH & HUMAN SERVICES
IMMUNIZATION CLINICS
2019**

Goodhue County Health & Human Services 426 West Avenue Red Wing, MN 55066	<u>January through July</u> 1 st Tuesday 1-4pm <u>August through December</u> Every Tuesday 2-4pm <i><u>Clinics are walk-in.</u></i> <i><u>No appointment needed.</u></i>	<u>For other times, call for an appointment</u> 651-385-3200 or 1-800-950-2142
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Immunizations are available for children age 18 and younger through the MN Vaccines Children (VFC) program who:

- Do not have health insurance.
- Are on a Minnesota Health Care Program (MA, SCHA, MnCare)
- Are American Indian or Alaskan Native.
- Have health insurance that does not cover vaccine.
- Have health insurance with a cap on preventive care that has been met.
(Unmet deductibles do not qualify.)

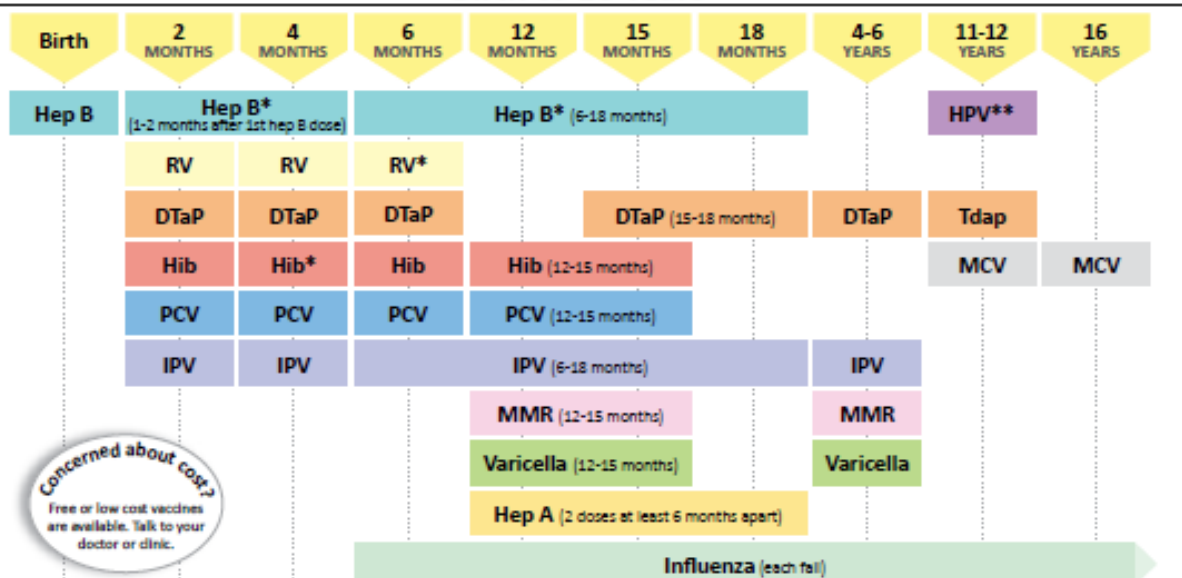
AND for adults through the Un/Underinsured Adult Vaccine (UUAV) program who:

- Do not have health insurance.
- Have health insurance that does not cover one or more vaccines.
- Have health insurance with a cap on preventative care that has been met.

A fee of \$15 per dose or \$55 family maximum is requested which can be waived.

Private health insurances and Medicare cannot be billed. People with private health insurance can receive these vaccines at cost: Hepatitis B-\$50, Flu shot -\$30.

When to Get Vaccines Birth to 16 Years



Concerned about cost?
Free or low cost vaccines are available. Talk to your doctor or clinic.

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The number of doses depends on the product your doctor uses.

**Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.

For copies of your child's immunization records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

DTaP/Td = diphtheria, pertussis, tetanus	Hib = Haemophilus influenzae type b
Hep B = hepatitis B	IPV = polio
Hep A = hepatitis A	MCV = meningococcal
MMR = measles, mumps, rubella	PCV = pneumococcal
	RV = rotavirus

ID# 52799 (4/2017)



Immunization Program
651-201-5503 or 1-800-457-3970
www.health.state.mn.us/immunize

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ³ For Kindergarten	Age: 7 through 11 years For 1 st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ⁷ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ⁴ ✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses ⁶	✓Tdap ⁸ & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio ⁵ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓✓✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ⁹ ✓ & booster
Pneumococcal ¹ ✓✓✓✓			
Varicella ² ✓	Varicella ² ✓✓	Varicella ² ✓✓	Varicella ² ✓✓

Immunizations recommended but not required:

Influenza Annually for all children age 6 months and older
Rotavirus For infants
Human papillomavirus At age 11-12 years

- Not required after 24 months.
- If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7th grade, another dose of Tdap is not needed.
- One dose is required beginning at 7th grade. The booster dose is usually given at 16 years.

Exemptions To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption. Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

Looking for Records? For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Minnesota Department of Health, Immunization Program

ID# 52799 (4/2017)



◆ HOME

◆ CONFERENCE PAGES: (Conference) ▼

◆ COUNTY PAGES: (County) ▼

◆ SCHOOL IMMUNIZATION CLINICS

◆ CONTACT US

OUR ADDRESS

Southeast Minnesota Immunization
Connection

PO BOX 6660
Rochester, MN 55903

SEMIC Spring 2019 Immunization Conference

📅 DATE and LOCATION

Thursday May 2nd - Wood Lake Meeting Center
210 Wood Lake Drive SE
Rochester, MN 55904

📅 REGISTRATION

<https://www.eventbrite.com/e/semic-2019-spring-immunization-conference-tickets-55419128104>

FLU VACCINE CLINIC

KENYON-WANAMINGO SCHOOLS

NOV. 1ST ELEMENTARY SCHOOL

NOV. 5TH HIGH / MIDDLE SCHOOL

4-7PM

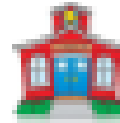
OPEN TO PUBLIC

Fast, Easy, Convenient!



Lauren Polrandt Pine Island School

Fighting the Flu Happens at School



Pine Island Middle/High School Flu Clinics:

Thursday Nov. 7, 2019

- 10:30-1:30 *Students and Staff*
- 3:00-8:00pm *Community*





Flu Vaccination Clinic

The best protection you can get and give is a flu shot.

Did you know 1 in 5 Americans get the flu each year? Don't let the flu stop you!

Stop by the Goodhue County sponsored flu vaccination clinic.

Minimum age is 3 years old.

Goodhue County Clinics

9/26/19	6:30am - 10:00am	Law Enforcement Ctr	430 W 6th St.
9/27/19	6:30am - 10:00am	Law Enforcement Ctr	430 W 6th St.
10/2/19	6:45am - 8:00am	Public Works	2140 Pioneer Rd.
10/2/19	8:30am - 11:30am	Government Center	509 W 5th St.

We accept the following insurances: (we will bill your health plan)

Aetna

Blue Cross Blue Shield of MN

Health Partners

Medica

Preferred One

United Health Care

If you don't have one of the insurances listed above you are welcome to purchase a Flu injection the day of the clinic for \$35, FluMist (if available) for \$40 or Senior Dose \$60.

***Offering the Quadrivalent Flu Vaccine for the best protection possible.**

2018 Goodhue Co. HHS Sponsored Flu Clinics

- 1,014 students/109 staff were vaccinated during school in 6 school districts at 13 schools. (In 2017 did 400 students/36 staff in 5 schools.)

MIIC Rates for Goodhue Co. School-Age vaccinated 2017 to 2018:

Age 5-12 = 26.8% > 30.5% Age 13-17 = 19.1% > 21.6%

- 575 people ages 6+months were vaccinated at community clinics at 9 schools after school during parent/teacher conferences. Open to public.
- 139 Goodhue County employees were vaccinated at biometric screenings and at employee staff meetings at Public Works and Gov't Center.
- HHS gave 111 flu vaccinations to uninsured children and adults at HHS office, Care Clinic, and Project Community Connect.

Survey Monkey Parent Comments

- “Absolutely thrilled that this clinic was offered!!!!!! So handy and I feel like my son handled getting his vaccination more calmly since his friends were getting shots as well. Please offer again!”
- “Thank you! Saved us making an appointment and trip to the doctor. Not to mention my child didn’t have to wait in a waiting room where others were sick.”
- “This was GREAT, I appreciate this being done through the school for both my children in Kindergarten and 10th grade. Was so convenient and appreciated!”
- “Very convenient and an excellent service!!”

Tuberculosis Control



- Testing-mantoux skin test



- Investigations

- Active TB cases
- Case contacts
- Class B evaluation-immigrants
- Refugee health exams

- Medication Management

What You Need to Know About Your Medicine for Latent Tuberculosis (TB) Infection

ISONIAZID

You have been given medicine to treat your latent TB infection. You do not have TB disease and cannot spread TB to others. This medicine will help you **PREVENT** getting TB disease.

While on this Medicine:

- Tell your doctor or nurse if you have questions or concerns with the medicine.
- Go to your planned clinic visits.
- Discuss any alcohol use with your doctor. Alcohol use may cause side effects.
- Tell your doctor about all other medicines you are taking.
- Be sure to tell your other doctors that you are being treated for latent TB infection.
- Take all of your medicine as you were told by your TB doctor or nurse.
- Some people find that the medicine affects them less when taken with food.

Tips to Help You Take Your Medicine:



Watch for these Possible Problems:

- STOP** taking your medicine right away **AND** call your TB doctor or nurse if you have any of the problems below:
- Less appetite, or no appetite for food

- Treatment



Hepatitis A Outbreaks

-Over 25,000 cases in 30 States since 2016.

-28 in MN since May 2019

-Offer vaccine to high risk people and others who want to be vaccinated

-HHS has vaccinated 18 detainees at the jail

-Will offer at homeless project in Nov.

Protect yourself from hepatitis A

**The best way to prevent hepatitis A is
to get vaccinated.**

Anyone can request hepatitis A vaccine.

Hepatitis A vaccine is especially important for:

- People who use injection and non-injection drugs.
- People experiencing homelessness or who have unstable housing.
- People who are or were recently incarcerated.
- Men who have sex with men.
- People with chronic liver disease.
- People traveling to areas where hepatitis A is common.

Talk to your health care provider to get vaccinated.

If you don't have insurance, you can get vaccine for free or low cost: www.health.state.mn.us/uuavsearch.

Measles

IT ISN'T JUST A LITTLE RASH

An Introduction to Measles

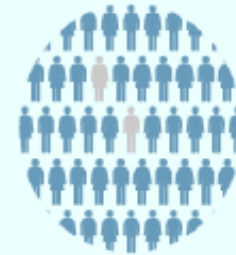
Measles Can Be Serious



About 1 out of 4 people who get measles will be hospitalized.



1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.



1 or 2 out of 1,000 people with measles will die, even with the best care.

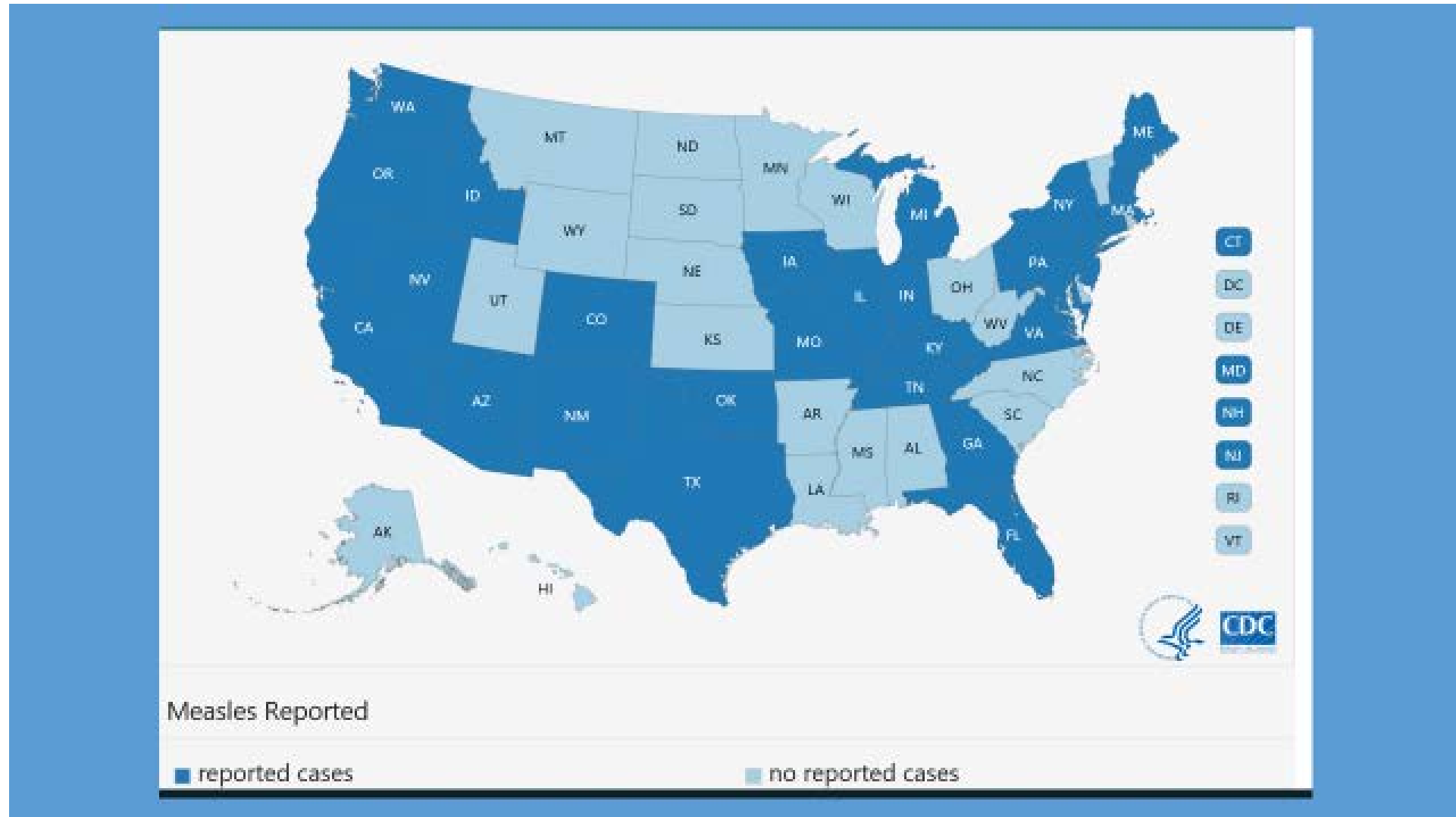
Measles Cases Children's Minnesota 2011



- March Outbreak – cared for 12 of the 21 cases
- August Outbreak – cared for index case below who survived 15 days on a ventilator in PICU. Mom requests his picture shown.



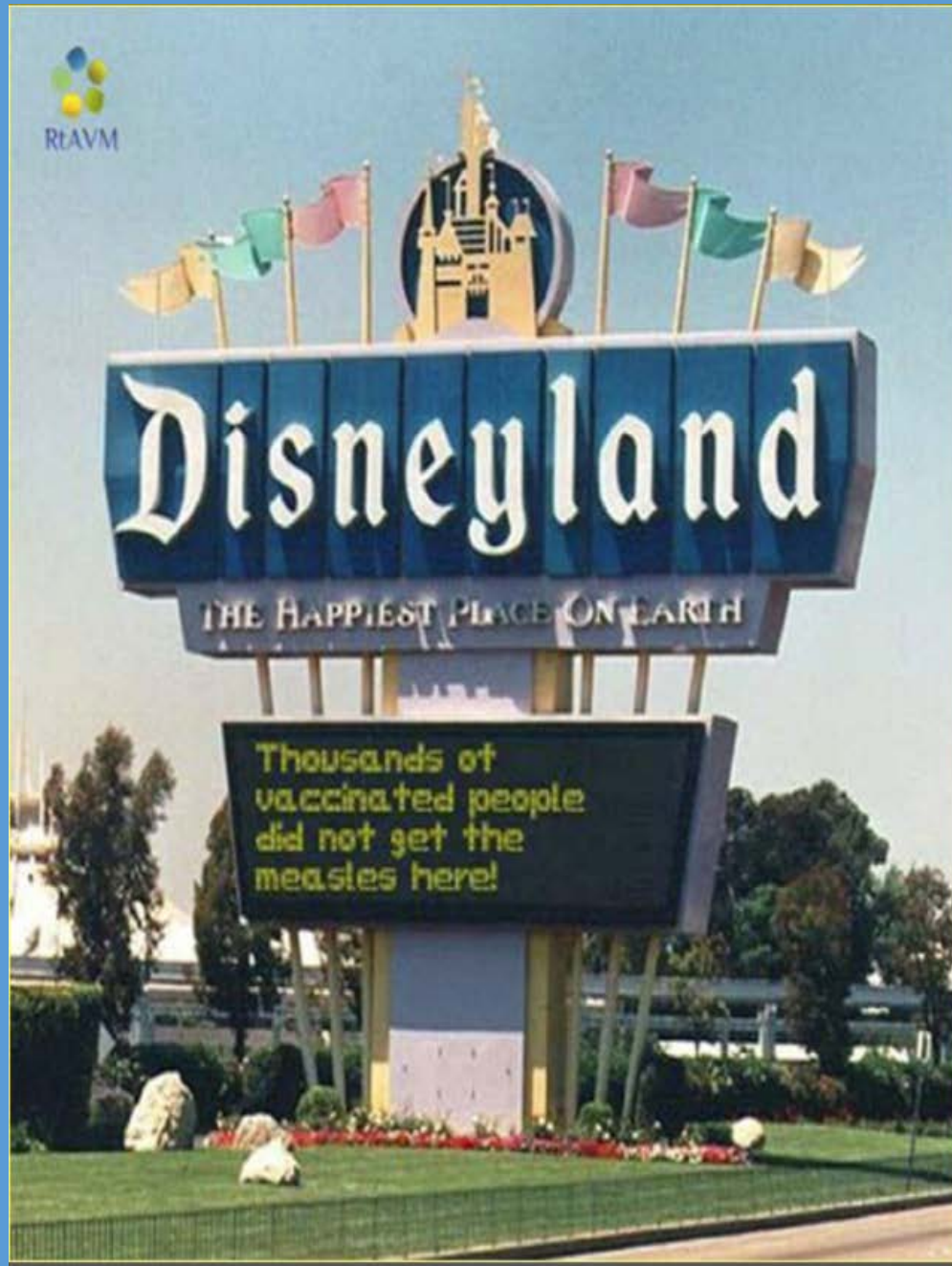
From January 1 to September 5, 2019, 1,241 individual cases of measles have been confirmed in 31 states. 75% in New York.



**Vaccine-preventable diseases
are just a plane ride away.**

www.VaccinateYourBaby.org





2014-2015 California Measles Outbreak: It's a Small World After All

Kathleen Harriman, PhD, MPH
NVAC Meeting
June 9, 2015



ONE case of measles = a whole lot of work!

- **Laboratory** confirmation
- Identify exposed **contacts**
- Assess **immunity** of exposed contacts
- Administer **post-exposure prophylaxis** to exposed, **susceptible** contacts
- If too late to administer prophylaxis, **exclusion and monitoring** of exposed **susceptible** contacts



2017 Measles Outbreak

- **April 11:** First case confirmed in an unvaccinated 20-month-old with no travel history
- **79+ cases** statewide, 70 in Hennepin County
- **90% of cases unvaccinated**, 81% within the Somali MN Community
- 22 cases were hospitalized
- ~ **9,000 people** exposed
- Last case: July 13, 2017
- All Clear date: Aug 25, 2017

Hennepin County



Consultation and Education

- Day Care Centers
- Headstart
- ProAct
- Schools
- Community Events/Health Fairs/School open houses
- HHS staff

Bloodborne pathogens, sexually transmitted diseases, vaccine preventable diseases, disease prevention

3495805



DATE

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PM

AM

Lab Analysis Included*

TOP RATED RADON TEST KIT



- ▶ CONTAINS EVERYTHING NEEDED TO CONDUCT A 3 TO 7 DAY RADON TEST
- ▶ KEEP INNER PACKAGE SEALED UNTIL READY FOR USE



HOME FOR SALE
TEST BEFORE YOU BUY!



*Valid within one year from date of purchase

DP&C ANNUAL REPORT-2018

Immunizations:

- 352 vaccinations were given by HHS staff which includes 69 flu vaccinations. All routine vaccines for children and adults are provided through federally funded vaccine programs- Vaccine For Children (VFC) and Uninsured/Underinsured Adult Vaccines (UUAV). 96 children and 60 adults who are uninsured, or on a MN health care assistance program, or whose insurance does not pay for immunizations were vaccinated. HHS does not provide vaccines to people with health insurance that pays for them. HHS is seeing an increasing number of families who are on health care sharing ministries (Christian health plans) that do not cover immunizations.
- The Hepatitis B vaccine series was provided to 18 employees of city public works and businesses that are required by OSHA to provide them. Vaccine is purchased by HHS and paid for by the employer.
- Fall Flu Clinics were organized by HHS staff at all public schools and one private school during and after school hours. Two private vaccinating companies provided the staff and vaccines and billed insurances.
 - 575 flu shots were given at 9 clinics held after school for the general public.
 - 1014 flu shots were given to K-12 students and 109 staff during school hours at 13 schools, which is double the number given in 2017. Red Wing and Cannon Falls schools and St. John's in Red Wing participated for the first time. Parents were able to pre-register their children online. Approximately 12% of students in public schools in the county were vaccinated during the school day. The goal of school-located flu clinics is to increase the number of school-age children in Goodhue County who are vaccinated against influenza, which was 26% in 2017. 2018 statistics are not available yet.
 - HHS organized flu clinics for Goodhue County employees. This year, flu shots were given at biometric screenings in addition to after all-county staff meetings. 139 employees were vaccinated compared to 103 in 2017. Studies show more people will get vaccinated if it's offered in the workplace.
 - HHS held free flu clinics at a homeless event (Project Community Connect) and the free Care Clinic in Red Wing.

Tuberculosis:

- HHS provides treatment and monitoring of residents with active or inactive (latent) TB. 11 latent TB cases were seen in 2018 compared to 7 in 2017. No active TB cases were reported. 3 suspect cases were ruled out. One new immigrant was evaluated. 2 residents who were exposed to infectious TB cases in other counties were evaluated.
- Staff had 63 encounters with students or health care workers needing a TB skin test.

Other Disease Prevention and Control Activities:

- DP&C staff gave 13 presentations at schools, day care centers, and worksites, and HHS staff about communicable diseases including- bloodborne pathogens, vaccine-preventable diseases, sexually transmitted infections.
- HHS provides information about radon and sells test kits. Over 50% of tests are high in radon in Goodhue Co.
- Participated in the Prairie Island Radiation Emergency drill.
- Participated in agency accreditation for responding to disease outbreaks.
- Provided Health Alerts and communicable disease updates to health care providers and school nurses.
- Provided contracted nursing consultation to ProAct in Red Wing and Zumbrota.



ACCREDITATION JOURNEY

GOODHUE COUNTY
HEALTH AND HUMAN SERVICES BOARD
SEPTEMBER 17, 2019

MINNESOTA'S 1ST BOARD OF HEALTH - 1872

DR. CHARLES HEWITT, EXECUTIVE OFFICER



**First State Board of Health Location
Keystone Building in Red Wing**



Dr. Hewitt's Laboratory in Red Wing

1970s photo

Negative No. 02942-19 Location No.

MG6.9 RW3.2 p61

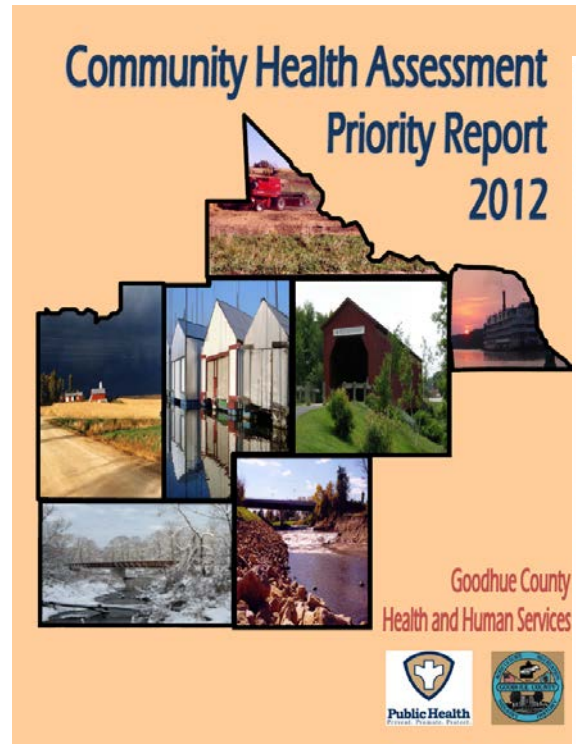
Minnesota Historical Society · 345 Kellogg Blvd. West, St. Paul, MN · 651.296.6126 [Copyright](#) © 1999

ORGANIZATIONAL SELF-ASSESSMENT, NOV. 2011



COMMUNITY HEALTH ASSESSMENT, DEC. 2012

“This is eventually what will be handed in for accreditation purposes, so it has taken quite a bit of time to finalize the information”
–12/2012 email



Goodhue County Health Priorities

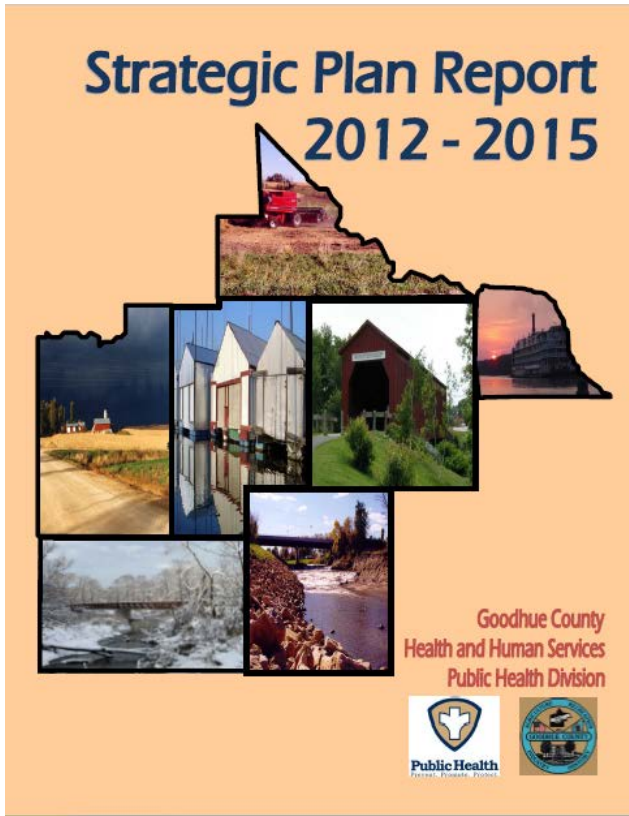
1. *Family and Parenting*
2. *Mental Health*
3. *Unhealthy Eating Habits*
4. *Lack of Exercise*
5. *Economic Health*
6. *Chemical Health*
7. *Driving Behaviors*
8. *Transportation Options*
9. *Obesity*
10. *Health Insurance Concerns*

PUBLIC HEALTH STAFF MEETING, APR. 2013

What are the next steps? We've already begun...

- Completed an Organizational Self-Assessment
 - November 2011
- Working on pre-requisites for Accreditation that are also required by MDH by 2015
 - Community Health Assessment
 - Community Health Improvement Plan
 - Strategic Plan
 - Quality Improvement Plan
- Following the PHAB guidelines for accreditation for all 3 pre-requisites

FIRST PUBLIC HEALTH STRATEGIC PLAN, JUN. 2013



Collaborate and Empower the Community				
Objective	Activity/Task	Measure(s) of Success	Person(s) Responsible	Start Date
Goodhue County Health and Human Services will work in partnership with an agency, community group or others to strengthen or modify a policy that will improve the health of the community by June 2014.	Communicate with stakeholders and community groups about the importance of policy work versus individual education		Susan BA, Ashlyn, Gaye, HC	1/1/2013
	Continue and seek out opportunities to assist agencies, groups, municipalities, etc. on changing or strengthening a policy that will lead to a better health outcome			1/1/2013
	Identify current policies that help or hinder the improvement of health for the community			6/1/2013
	Identify specific group or agency that are willing to change or strengthen a policy			6/1/2013
	Work with stakeholders and community groups on what policy changes or updates are needed to improve health outcomes			6/1/2013
	Share with stakeholders and policy makers on what policies are leading to poor health outcomes			6/1/2013
	Develop codes or process to "track" policies within the community that address health.			7/1/2013
	Policy within community is changed or			

FIRST QI COMMITTEE MEETING, JUN. 2013

*If I had six hours
to chop down a tree,
I'd spend the first four hours
sharpening the axe.*

~ Abraham Lincoln

Quality Improvement Committee
Agenda - June 6, 2013

- I. Introductions
- II. Charge
- III. QI Assessment
- IV. Ground rules
- V. QI road Map - where are we - discussion
- VI. Next Steps



Ruth,
FYI, Tavis
Sandy Indye
will be leading focus
Nina

DEC 31 2013

December 2013

Dear Public Health Director:

September 2011 was an important month in public health history. That is the month that we launched the first ever national public health department accreditation program. Since that time, twenty-two health departments have been accredited, and more than two hundred are going through the process now. More health departments submit their applications each week. Together, we are working to make public health better and stronger than it has ever been.

Our goal at the Public Health Accreditation Board (PHAB) is to work with you to improve the quality and performance of state, local, Tribal, and territorial health departments in this country. We know that you are already doing a great job. It's our job to help you indicate that to your community and the rest of the nation through accreditation!

The accreditation process through PHAB is voluntary. While we hope that you will consider it soon, the important thing is that you give it some consideration when you are ready. Accredited health departments tell us that the accreditation process can be a tool that you can use to demonstrate accountability and transparency to your community; to set priorities in these difficult economic times; to enhance your credibility in the community; and to engage your entire staff and governing entity in the great work that public health entails.

If your health department is already accredited or is in the process, we thank you for taking that important step. We look forward to working with you on enhanced quality improvement efforts over the next five years.

If your health department is not accredited, we hope that you will check us out at www.phaboard.org. We also encourage you to talk to health departments who have gone through the process. Their stories about their accreditation journeys are amazing.

In any case, we are all engaged in improving the health of the population. In that spirit, we hope you can use the information we have included in this packet to move your great work forward.

The entire PHAB staff and our Board of Directors wish you the very best for a healthy and productive 2014.

Sincerely,

Kaye Bender, PhD, RN, FAAN
President/CEO



Public Health Accreditation Board
1600 Duke St., Suite 200
Alexandria, VA 22314
703.778.4549, www.phaboard.org

For Immediate Release:
Wednesday, Nov. 20, 2013

Contact:
Teddi Nicolaus, Communications Manager
Phone: (703) 778-4549 ext. 118
Email: tnicolaus@phaboard.org

Public Health Accreditation Board awards five-year accreditation to three health departments

Number of PHAB-accredited health departments now totals 22

VA — Three health departments this week joined Accreditation Board (PHAB). The decisions bring PHAB as high-performing health departments.

pendent organization that administers the improve and protect the health of the public site, local, and territorial health departments.

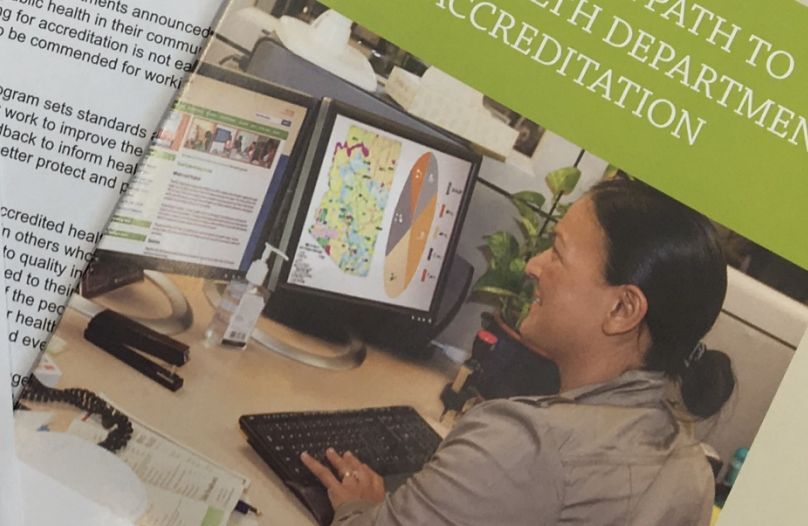
ion status was awarded Nov. 19 to the Division of Health in Kenosha, Wis.; and

health departments announced ing public health in their commu ing for accreditation is not ea to be commended for work

ogram sets standards p / work to improve the bback to inform heal better protect and p

credited health n others who to quality im ed to their f the pec r health d eve

CHART YOUR PATH TO PUBLIC HEALTH DEPARTMENT ACCREDITATION



NOTE FROM NINA TO RUTH ON PHAB LETTER, DEC. 2013

COORDINATOR ONLINE ORIENTATION. APR. 2014

 Search

CREATE ACCOUNT | LOG IN
FORGOT YOUR PASSWORD?



HOME ADVANCED SEARCH ONLINE ACTIVITIES LIVE EVENTS RESOURCES ABOUT US CONTACT US SAVED ACTIVITIES (0)

RSS FEEDS



PHAB Online Orientation

- Welcome
- View Webcasts
- Faculty Information

Accreditation Specialists

- View Webcasts
- Faculty Information

Legal and Ethical Considerations

- View Webcasts
- Faculty Information

Public Health Accreditation Board

Online Orientation

Welcome

Welcome to the PHAB Training page on CECentral. The four-part online orientation training provides a foundation of understanding about national public health department accreditation.

Here we offer a number of modules that can help you successfully prepare for accreditation. In addition to the orientation, you will find targeted modules for specific audiences and general information that would be helpful to anyone with an interest in accreditation.

These training modules have been developed with you in mind. They will support the learner by increasing knowledge and understanding about the national accreditation process. For applicants and site visitors, these modules can serve as refreshers to in-person trainings.

Whether you are here as a required participant in the accreditation process or you just wish to learn more about accreditation, this is a good place to start. If you have any questions about these modules, or other trainings



“Hopefully they are exaggerating about the time needed”
-4/2014 email

COMMUNITY HEALTH IMPROVEMENT PLAN, AUG. 2014



PRESENTATION TO HHS BOARD, NOV. 2014

Improving Performance and Accountability:

Public Health Accreditation
Board (PHAB) Accreditation

Goodhue County HHS Board
November 18, 2014



Public Health
Prevent. Promote. Protect.

HHS BOARD RESOLUTION, DEC. 2014



Goodhue County Health and Human Services

Public Health Division
509 West 5th Street, Suite 104
Red Wing, MN 55066
(651) 385-6100 • Fax (651) 385-6182

RESOLUTION OF SUPPORT FOR THE PURSUIT OF ACCREDITATION

WHEREAS, public health accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards; **and**

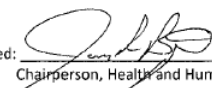
WHEREAS, the Public Health Accreditation Board (PHAB) has established a national public health department voluntary accreditation process that seeks to advance quality and performance within public health departments; **and**

WHEREAS, achieving accreditation through PHAB provides a means for a department to identify performance improvement opportunities, to improve management, to develop leadership, and to raise the community visibility and recognition of the programs and services provided; **and**

WHEREAS, accreditation documents the capacity of the department to deliver the six areas of public health responsibility and the ten essential public health services; **and**

WHEREAS, the process of accreditation will encourage and stimulate quality improvement efforts in the department as well as promote greater accountability and transparency, with the ultimate aim of improving the health of communities nationwide,

BE IT THEREFORE RESOLVED that Goodhue County Health and Human Services Board does hereby recognize the importance of public health national voluntary accreditation for a local health department and strongly supports the pursuit of accreditation status for the Public Health division of the Goodhue County Health and Human Service agency.

Signed: 
Chairperson, Health and Human Services Board

12-16-14
Date



PUBLIC HEALTH STAFF MEETING, JAN. 2015

LET'S PLAY...



Dome ain't aim

Stand hers an meds yours

PPMRS ASSESSMENT, FEB.-MAR. 2015

EXAMPLE

DOMAIN 1

1.1.2

A local community health assessment

A thorough and valid community health assessment (CHA) is a customary practice and core function of public health, and also is a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota CHBs have been required to engage in a community health improvement process, beginning with a community health assessment.

WORKSHEET

Enter each box if your CHB is in compliance with the requirements. Use the examples below.

Requirement 1 A local community health assessment that includes:

- Data and information from various sources and how the data were obtained
- Demographics of the population
- Description of health issues and specific descriptions of population groups with particular health inequities
- Description of factors that contribute to specific populations' health challenges
- Description of existing community assets or resources to address health issues

Must include qualitative data, quantitative data, primary data, and secondary data. Must also include multiple determinants of health, especially social determinants.

Time Frame Less than five years old

One Example on website

2

Requirement 2 Opportunity for the local community at large to review, contribute to the assessment

Time Frame Less than five years old

Two Examples 1. Ruth has 2. Jessica has

3

Requirement 3 The ongoing monitoring, refreshing, and adding of data and data analysis

Must be neighborhood/community-specific in order to understand health inequities and factors that create them.

Time Frame Less than 14 months old

If the CHA is more than two years old, the examples must be from the last 2 years (one of which is less than 14 months old).

Two Examples 1. to do 2. to do

Additional Notes

REPORTING

How should your CHB report? Use the drop-down menu below to record your answer.

Our CHB can ___ meet this measure.

Single-County or City CHB Fully Meet: Your CHB can meet all requirements.

Partly Meet: Your CHB can meet some requirements, but not all.

Cannot Yet Meet: Your CHB cannot meet any requirements yet.

Multi-County CHB Fully Meet: Every member health department in your CHB can meet all requirements.

Partly Meet: If any single member department in your CHB can only meet some

1. Check boxes.

2. Worksheet—list examples (where to find) or put “to do.”

3. Reporting—circle status as of 12/31/14.

REGISTERED IN E-PHAB, OCT. 2015 (STATEMENT OF INTENT)

Sent: Friday, October 16, 2015 8:08 AM

To: Arneson, Nina

Subject: e-PHAB: Notice of Statement of Intent Submitted to PHAB

Dear Nina Arneson,

Thank you for submitting a Statement of Intent (SOI) for Goodhue County Health and Human Services. This e-mail is acknowledgement of receipt of your SOI; please keep this e-mail for your records.

The content of your SOI will be reviewed by PHAB. Once PHAB has reviewed your SOI and deemed it to be complete, PHAB will send you and your health department's Accreditation Coordinator an e-mail notification of approval, the expiration date of your SOI, and a link to access the e-PHAB application for accreditation.

Some points to remember include:

- 1) The SOI will be valid for a period of no longer than 12 months from the date PHAB approval is granted.
- 2) Should the contact information change for any of the health department directors or the Accreditation Coordinator at this time, please update your health department's profile in e-PHAB. If you are unable to make these changes, please notify PHAB immediately at 703-778-4549.
- 3) If your health department does not submit an e-PHAB application for accreditation during the 12 month period after the SOI approval date, the SOI becomes invalid. The health department must then submit another SOI if they wish to apply for accreditation.

For your reference, you may access a read-only version of your submitted SOI here: <https://www.e-phab.org>

Please do not reply to this message. PHAB is unable to access electronic responses to this e-mail.

Sincerely,
PHAB

Public Health Accreditation Board
1600 Duke Street, Suite 200
Alexandria, VA 22314

[CLICK HERE TO REGISTER A HEALTH DEPARTMENT ON E-PHAB](#)

OFFICIALLY APPLIED FOR ACCREDITATION, MAR. 2016

PHAB **e-PHAB**

Ruth Greenslade
Accreditation Coordinator

Goodhue County Health and Human Services

[my account](#) [sign out](#)

HOME STAFF PROFILE OFFICIALS REGISTRATION APPLICATION BILLING TRAINING DOC. SUBMISSION REPORTS NOTES ACTION PLAN GROUPS EMAIL HELP

To view "Contractual Terms and Conditions of the Public Health Accreditation Board's Accreditation Program" click on <https://www.phaboard.org/how-to-get-started/>

APPLICATION SECTION	STATUS
Application Profile	Complete
Health Department Overview	Complete
Public Health Programs	
Immunizations	Complete
Screening	Complete
Treatment	Complete
Maternal and Child Health	Complete
Epidemiology	Complete
Prevention	Complete
Regulation	Complete
Other Environmental Health Activities	Complete
Other Health/Human Services	Complete
Health Department Facilities (Optional)	Complete
Health Department Unique Characteristics (Optional)	Complete
Fee Payment	Complete
Required Documents	Complete

PAID ACCREDITATION FEE, APR. 2016



INVOICE

Public Health Accreditation Board

1600 Duke St 1600 Duke St
 Alexandria, VA 22314
 Phone 703-778-4549 x 109 Fax
 dhennig@phaboard.org

INVOICE #:
 DATE: 04/06/16
 DUE DATE: DUE UPON RECEIPT

TOTAL DUE: \$5,088.00

BILL TO: Goodhue County Health and Human Services
 Public Health Division
 509 West 5th Street
 Red Wing, Minnesota 55066

Phab Accreditation Fee Schedule 2014-2015 Five Year Payment Option

Health Department Category	Population Size of the Jurisdiction Served	Year 1 Payment	Year 2 Payment	Year 3 Payment	Year 4 Payment	Year 5 Payment
Category 1	Less than 50,000	\$ 5,088	\$ 1,908	\$ 1,908	\$ 1,908	\$ 1,908
Category 2	50,000 to 100,000	\$ 8,270	\$ 3,100	\$ 3,100	\$ 3,100	\$ 3,100

DESCRIPTION / MEMO

=TableStart:PRENTRY--PRENTRY_ENTRYDESCRIPTION-

TOTAL AMOUNT: \$5,088.00

INTERNAL MOCK REVIEW, APRIL 2016




HALFWAY THERE! APRIL 2016




Thank you
Healthy 
Communities

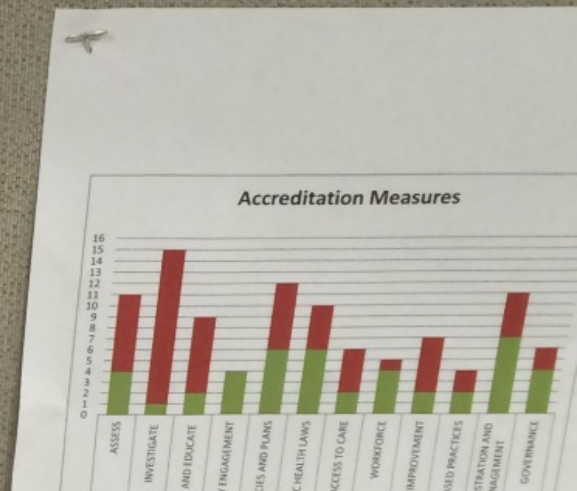
for helping improve our department
through Public Health Accreditation!



Using Evidence-
Based Strategies



Emergency



ACCREDITATION COORDINATOR TRAINING, MAY 2016

A hand is holding a yellow, bee-shaped promotional object. The object has a black stripe across its middle and a white, segmented tail. Printed on the yellow body is the text: "BEE a-ccredit to your health department" and "www.phaboard.org". The background shows a laptop keyboard and a Dell logo.

BEE a-ccredit to your
health department
www.phaboard.org

ASSIGNED PHAB ACCREDITATION SPECIALIST/ ACCESS TO E-PHAB Q&A, MAY 2016



Ruth Greenslade
Accreditation Coordinator

Goodhue County Health and Human Services



[my account](#)



[sign out](#)

[HOME](#) [STAFF](#) [PROFILE](#) [OFFICIALS](#) [REGISTRATION](#) [APPLICATION](#) [BILLING](#) [TRAINING](#) [DOC. SUBMISSION](#) [REPORTS](#) [NOTES](#) [ACTION PLAN](#) [GROUPS](#) [EMAIL](#) [HELP](#)

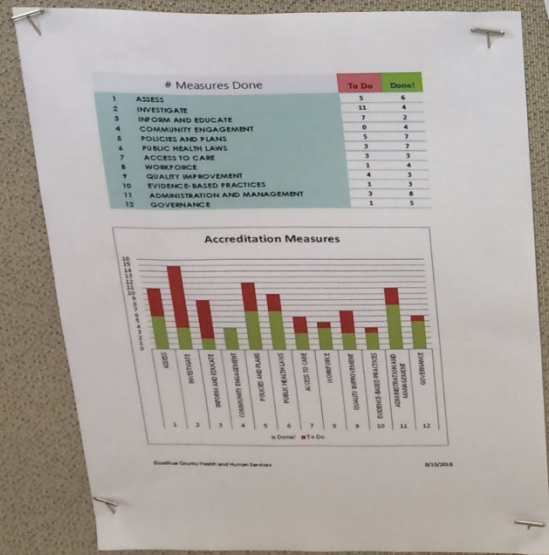
[HD HOME](#) [IMPORTANT DOCUMENTS: PLEASE REVIEW](#)

Ruth Greenslade	3.2.2 A - Organizational branding strategy.	Can "a common visual identity (logo) to communicate the health department's brand" be the name of the health department in a particular typeface? Since our health department is part of an "Umbrella Agency," can it be the name of the umbrella agency? (At May PHAB training, discussion indicated that the use of a county seal, even in combination with the NACCHO national identity public health logo, would not be sufficient.)	Question	2016-05-23
Marita Chilton	3.2.2 A - Organizational branding strategy.	Hi Ruth. What your logo looks like is up to you. So, sure, it can be the name of your department in a particular typeface. As long as it identifiable. While I can't say how the team will score any particular measure, the site visit team may identify an opportunity for improvement to develop a visual logo in the future to help increase the branding and knowledge of your department in the community.	Answer	2016-05-25

UNO! AUGUST 2016

OUT OF **100**
MEASURES:
46 TO DO
54 DONE

MEASURES WITH
ONE EXAMPLE LEFT



Handwritten UNO cards pinned to the board:

- 12.3.3 (Green)
- 11.1.4 (Red)
- 10.2.3 (Blue)
- 9.1.2 (Green)
- 6.2.1 (Green)
- 6.3.5 (Yellow)
- 6.1.1 (Yellow)
- 5.3.2 (Red)
- 5.2.3 (Yellow)
- 5.2.4 (Red)
- 3.2.4 (Yellow)
- 3.1.2 (Blue)
- 2.4.1 (Red)
- 2.2.1 (Blue)
- 1.2.4 (Green)
- 1.2.3 (Blue)

EXTERNAL MOCK REVIEW, OCTOBER 2016



DOCUMENT SUBMISSION, NOVEMBER 2016

The screen displays a web browser window with the following content:

Documentation Submission

PHAB has initialized your health department's Documentation Submission phase. You will have one year to complete this step.

DOCUMENTATION SUBMISSION START DATE	DOCUMENTATION SUBMISSION END DATE
05/12/2016	05/12/2017

Health Department Director Authorization

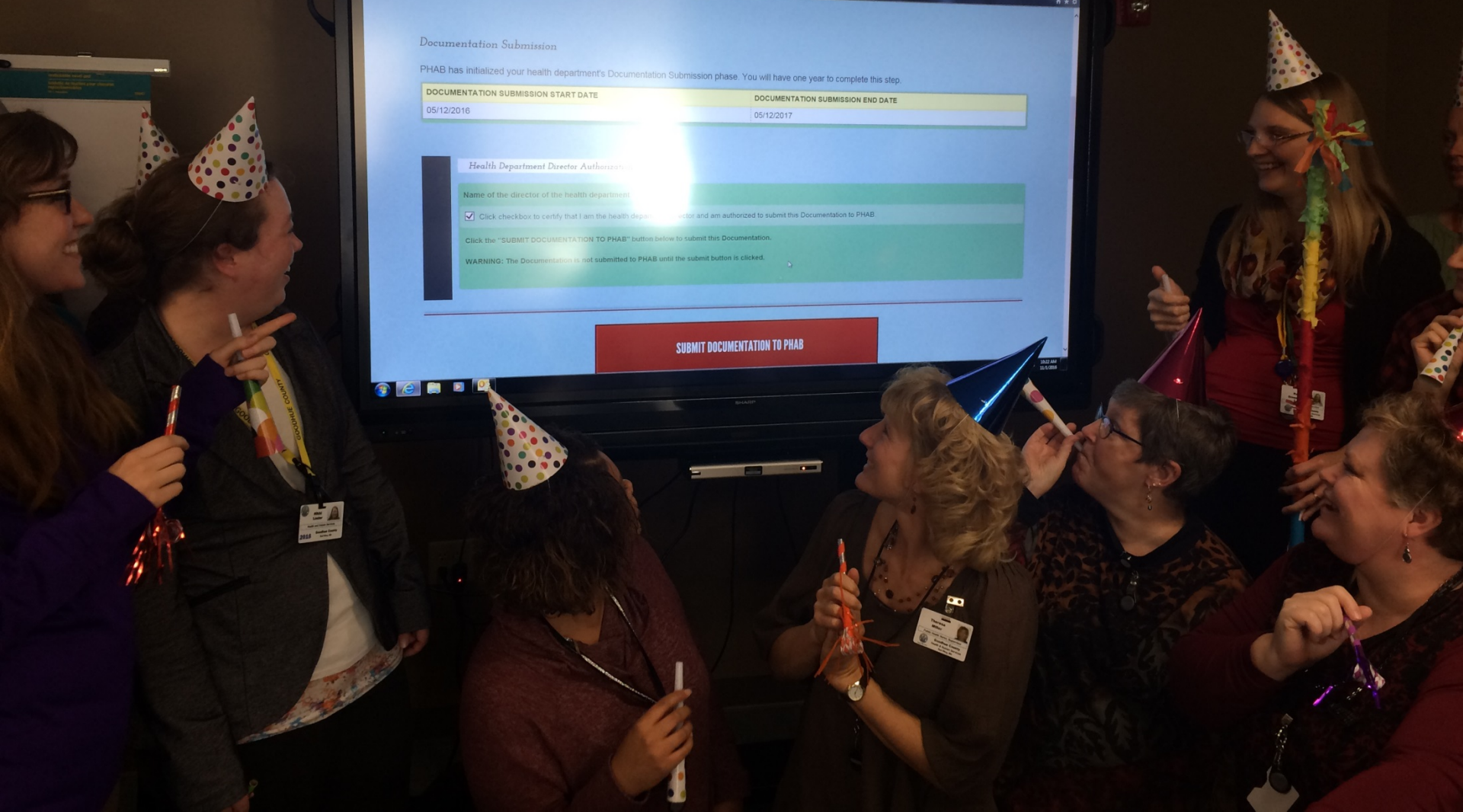
Name of the director of the health department: _____

Click checkbox to certify that I am the health department director and am authorized to submit this Documentation to PHAB.

Click the "SUBMIT DOCUMENTATION TO PHAB" button below to submit this Documentation.

WARNING: The Documentation is not submitted to PHAB until the submit button is clicked.

SUBMIT DOCUMENTATION TO PHAB



COMPLETENESS REVIEW, DECEMBER 2016

Red = Reopened (15)

Show: Resubmission Status Filter by: All

Not Reopened Reopened In Progress Ready for Resubmission

Showing: Resubmission Status of All.

1.1.1 L	1.1.2 L	1.1.3 A	1.2.1 A	1.2.2 A	1.2.3 A	1.2.4 L	1.3.1 A	1.3.2 L	1.4.1 A	1.4.2 L	2.1.1 A	2.1.2 L	2.1.3 A	2.1.4 A	2.1.5 A	2.2.1 A	2.2.2 A
2.2.3 A	2.3.1 A	2.3.2 A	2.3.3 A	2.3.4 A	2.4.1 A	2.4.2 A	2.4.3 A	3.1.1 A	3.1.2 A	3.1.3 A	3.2.1 A	3.2.2 A	3.2.3 A	3.2.4 A	3.2.5 A	3.2.6 A	4.1.1 A
4.1.2 L	4.2.1 A	4.2.2 A	5.1.1 A	5.1.2 A	5.1.3 A	5.2.1 L	5.2.2 L	5.2.3 A	5.2.4 A	5.3.1 A	5.3.2 A	5.3.3 A	5.4.1 A	5.4.2 A	6.1.1 A	6.1.2 A	6.2.1 A
6.2.2 A	6.2.3 A	6.3.1 A	6.3.2 A	6.3.3 A	6.3.4 A	6.3.5 A	7.1.1 A	7.1.2 A	7.1.3 A	7.2.1 A	7.2.2 A	7.2.3 A	8.1.1 L	8.2.1 A	8.2.2 A	8.2.3 A	8.2.4 A
9.1.1 A	9.1.2 A	9.1.3 A	9.1.4 A	9.1.5 A	9.2.1 A	9.2.2 A	10.1.1 A	10.2.1 A	10.2.2 A	10.2.3 A	11.1.1 A	11.1.2 A	11.1.3 A	11.1.4 A	11.1.5 A	11.1.6 A	11.1.7 A
11.2.1 A	11.2.2 A	11.2.3 A	11.2.4 A	12.1.1 A	12.1.2 A	12.2.1 A	12.3.1 A	12.3.2 A	12.3.3 A	All							

PRE-SITE VISIT REVIEW, MAY 2017



= Reopened (55)

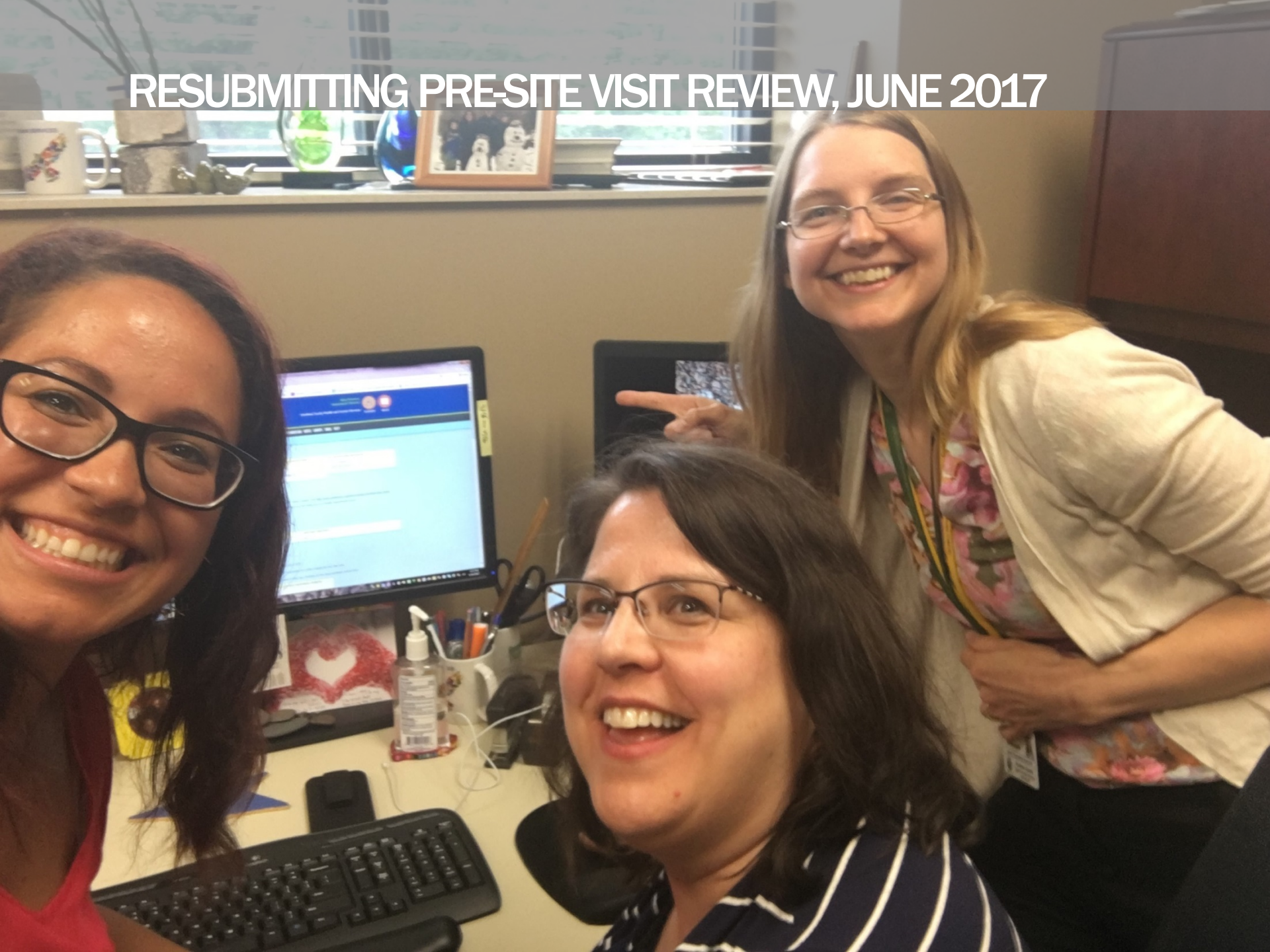
= Reviewed with Questions (5)

Show: Pre-Site Visit Review Status Filter by: All

Showing: Pre-Site Visit Review Status of All.

1.1.1 L	1.1.2 L	1.1.3 A	1.2.1 A	1.2.2 A	1.2.3 A	1.2.4 L	1.3.1 A	1.3.2 L	1.4.1 A	1.4.2 L	2.1.1 A	2.1.2 L	2.1.3 A	2.1.4 A	2.1.5 A	2.2.1 A	2.2.2 A
2.2.3 A	2.3.1 A	2.3.2 A	2.3.3 A	2.3.4 A	2.4.1 A	2.4.2 A	2.4.3 A	3.1.1 A	3.1.2 A	3.1.3 A	3.2.1 A	3.2.2 A	3.2.3 A	3.2.4 A	3.2.5 A	3.2.6 A	4.1.1 A
4.1.2 L	4.2.1 A	4.2.2 A	5.1.1 A	5.1.2 A	5.1.3 A	5.2.1 L	5.2.2 L	5.2.3 A	5.2.4 A	5.3.1 A	5.3.2 A	5.3.3 A	5.4.1 A	5.4.2 A	6.1.1 A	6.1.2 A	6.2.1 A
6.2.2 A	6.2.3 A	6.3.1 A	6.3.2 A	6.3.3 A	6.3.4 A	6.3.5 A	7.1.1 A	7.1.2 A	7.1.3 A	7.2.1 A	7.2.2 A	7.2.3 A	8.1.1 L	8.2.1 A	8.2.2 A	8.2.3 A	8.2.4 A
9.1.1 A	9.1.2 A	9.1.3 A	9.1.4 A	9.1.5 A	9.2.1 A	9.2.2 A	10.1.1 A	10.2.1 A	10.2.2 A	10.2.3 A	11.1.1 A	11.1.2 A	11.1.3 A	11.1.4 A	11.1.5 A	11.1.6 A	11.1.7 A
11.2.1 A	11.2.2 A	11.2.3 A	11.2.4 A	12.1.1 A	12.1.2 A	12.2.1 A	12.3.1 A	12.3.2 A	12.3.3 A	All							

RESUBMITTING PRE-SITE VISIT REVIEW, JUNE 2017



SITE VISIT, JULY 2017

Green = Reopened (9)

Show: Filter by:

No Request Additional Docs Requested In Progress Ready for Resubmission Docs Received Locked

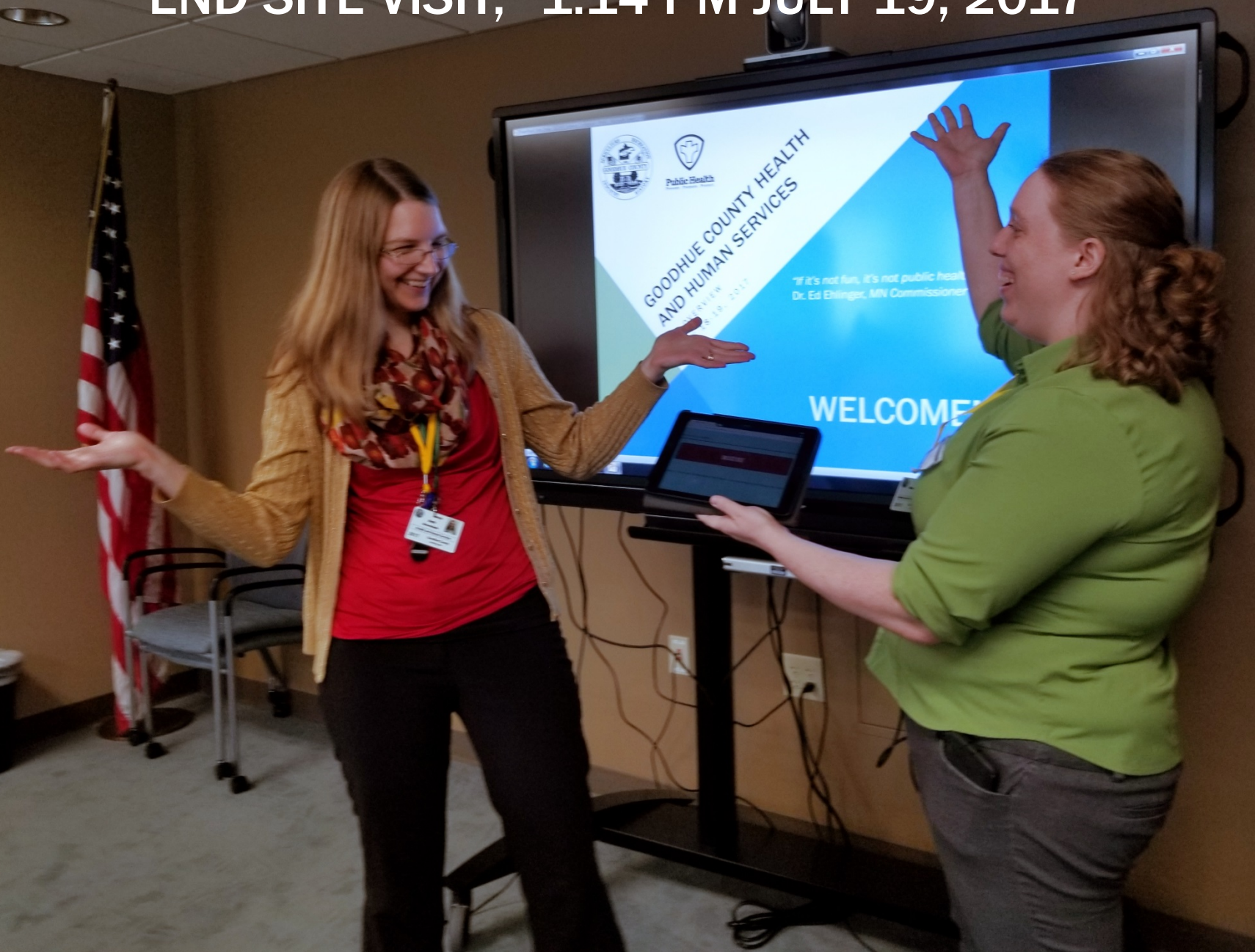
Showing: Requests for Additional Documentation of All.

1.1.1 L	1.1.2 L	1.1.3 A	1.2.1 A	1.2.2 A	1.2.3 A	1.2.4 L	1.3.1 A	1.3.2 L	1.4.1 A	1.4.2 L	2.1.1 A	2.1.2 L	2.1.3 A	2.1.4 A	2.1.5 A	2.2.1 A	2.2.2 A
2.2.3 A	2.3.1 A	2.3.2 A	2.3.3 A	2.3.4 A	2.4.1 A	2.4.2 A	2.4.3 A	3.1.1 A	3.1.2 A	3.1.3 A	3.2.1 A	3.2.2 A	3.2.3 A	3.2.4 A	3.2.5 A	3.2.6 A	4.1.1 A
4.1.2 L	4.2.1 A	4.2.2 A	5.1.1 A	5.1.2 A	5.1.3 A	5.2.1 L	5.2.2 L	5.2.3 A	5.2.4 A	5.3.1 A	5.3.2 A	5.3.3 A	5.4.1 A	5.4.2 A	6.1.1 A	6.1.2 A	6.2.1 A
6.2.2 A	6.2.3 A	6.3.1 A	6.3.2 A	6.3.3 A	6.3.4 A	6.3.5 A	7.1.1 A	7.1.2 A	7.1.3 A	7.2.1 A	7.2.2 A	7.2.3 A	8.1.1 L	8.2.1 A	8.2.2 A	8.2.3 A	8.2.4 A
9.1.1 A	9.1.2 A	9.1.3 A	9.1.4 A	9.1.5 A	9.2.1 A	9.2.2 A	10.1.1 A	10.2.1 A	10.2.2 A	10.2.3 A	11.1.1 A	11.1.2 A	11.1.3 A	11.1.4 A	11.1.5 A	11.1.6 A	11.1.7 A
11.2.1 A	11.2.2 A	11.2.3 A	11.2.4 A	12.1.1 A	12.1.2 A	12.2.1 A	12.3.1 A	12.3.2 A	12.3.3 A	All							

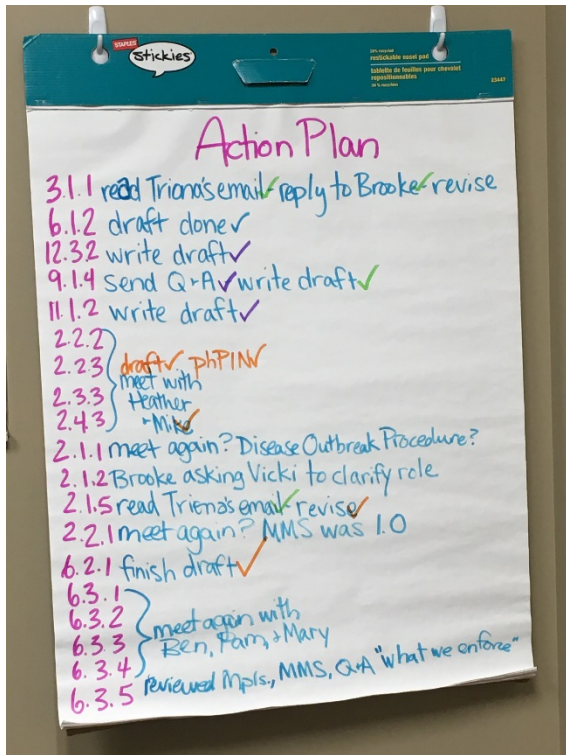
RESUBMITTING SITE VISIT REOPENED MEASURES



“END SITE VISIT,” 1:14 PM JULY 19, 2017



WROTE ACTION PLAN, FEB. 2018

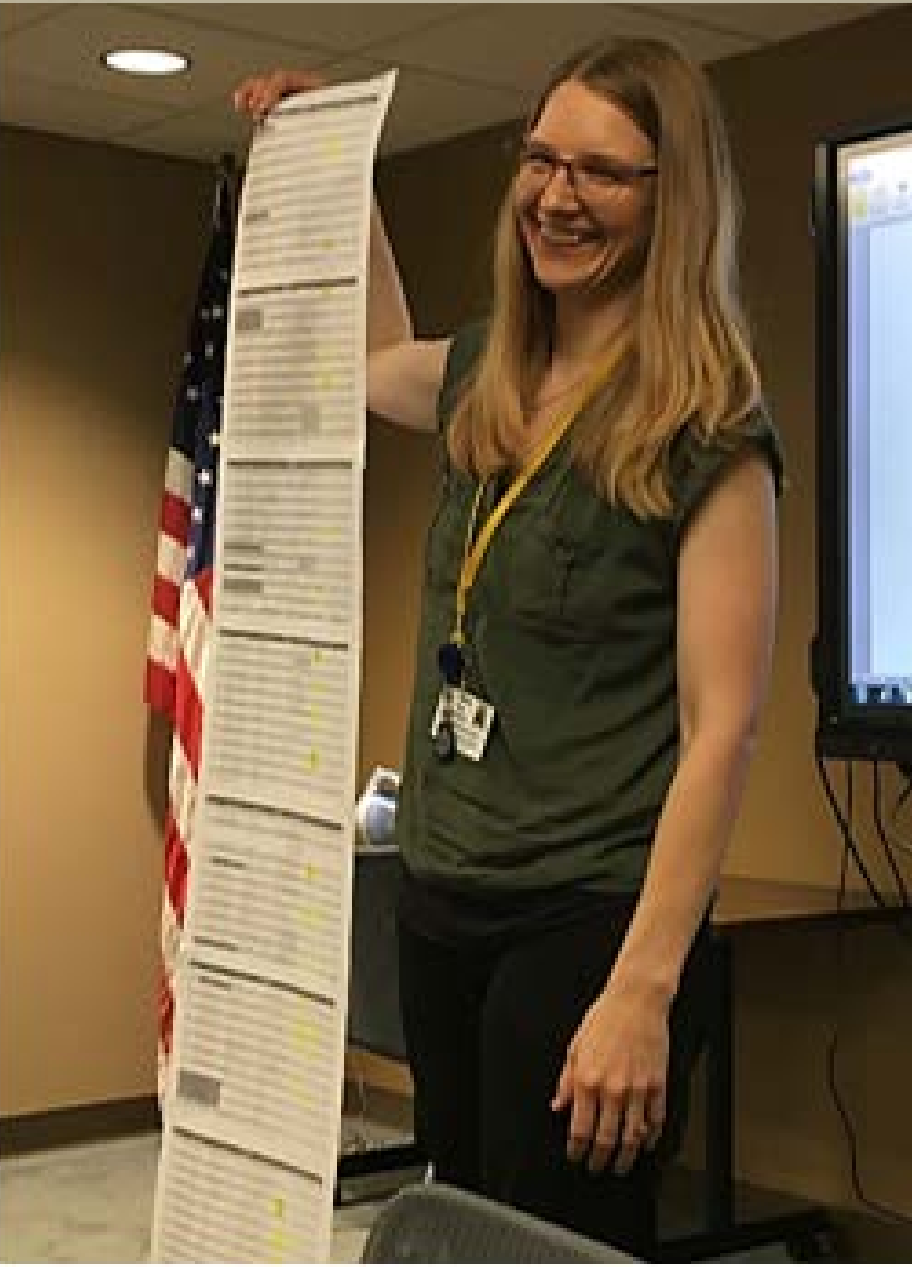


PHAB
PUBLIC HEALTH ACTION PLAN

GOODHUE COUNTY HEALTH AND HUMAN SERVICES ACTION PLAN

Measure Number and Required Documentation	Site Visit Report Conformity Comments	Opportunities for Improvement	Objectives and Actions the Health Department Plans to Take to be in Conformity with this Measure	Documentation the Health Department Plans to Submit to Demonstrate Conformity with this Measure (There is no limit to the number of documents.)
<p>Measure 2.1.A - Protocols for investigation process</p> <p>Required Documentation 1.</p> <p>Protocols that include:</p> <p>a. Assignment of responsibilities for investigations of health problems, environmental, and/or occupational public health hazards</p> <p>b. Health problem or hazard specific protocol steps including case investigation steps and timelines, and reporting requirements</p> <p>Number of documents</p> <p>1 comprehensive protocol or a set of protocols that covers disease and environmental health issues</p> <p>Met Within</p> <p>24 months</p>	<p>It appears in conversations with staff and the district epidemiologist that disease investigations are being done in Goodhue County. During the domain review a staff member could enumerate the steps of a blood lead poisoning investigation very well. However, when asked for a written protocol for such an investigation, the staff did not know of one or where it would be found. In other words, the staff has been trained to do investigations under MDH's lead but no written protocols for specific diseases were submitted.</p> <p>The GCHHS submitted the Disease Prevention and Control Common Activities Framework (DPCCAF) authored by the Minnesota Department of Health. On page 17 of the document there is a table of disease control activities that enumerates the different activities that the various entities involved with disease control may include. However, there are no specific protocols included in the document. While the DPCCAF does assign some responsibilities for investigations, it lacks protocol steps for case investigation steps and timelines and reporting requirements. The framework describes what GCHHS/MDH should do, but not how the GCHHS will do it. Also, the document does not demonstrate the formal assignment of responsibilities for investigation of health problems and environmental and occupational public health hazards for those activities the GCHHS does not directly provide.</p> <p>GCHHS also submitted a complaint investigation SOP from the MDH for food, pools and lodging. However, it only deals with complaints and no other types of outbreak investigations. It also lacks protocol steps for case investigation steps and timelines and reporting requirements. The GCHHS also provided several statutes that demonstrate the MDH's authority to conduct and to work with the GCHHS on the above investigations.</p> <p>Regarding specific environmental health problems, the GCHHS submitted a Delegation Agreement between the Goodhue County Board of Health and the Minnesota Department of Health dated 8/15/10. This Agreement, effective on the first day of July 22, 2010, is between the state of Minnesota acting through its Commissioner of Health ("Minnesota Department of Health" or "MDH") and the Goodhue County Board of Health ("Board"). The statutory authority and delegations are listed in the MOU. It also requires the Board have ordinances satisfactory to MDH that regulate the categories of wells. The Board promulgated those ordinances in December 1991 in the</p>	<p>The GCHHS needs protocols that include assignment of responsibilities for investigations of health problems, environmental, and/or occupational public health hazards with specific steps that include case investigation steps and timelines and reporting requirements.</p>	<p>Objective A: Demonstrate the formal assignment of responsibilities for investigation of health problems and environmental and occupational public health hazards for those activities GCHHS does not directly provide AND has no authority to provide.</p> <p>Action A1: Explain how state statute section 157 and 145A.07 allow solely Minnesota Department of Health (MDH) has authority to conduct food, pools, and lodging investigations.</p> <p>Action A2: Explain 2017 Childhood Blood Lead Case Management Guidelines for Minnesota show MDH licensed lead risk assessor is solely responsible for the environmental case in childhood blood lead investigations (see "Environmental Risk Assessment"). Submit state statute 144.9504 as agreement showing MDH has authority if Goodhue County has "relinquished these duties back to the commissioner."</p> <p>Action A3: Explain how state statute and Minnesota Administrative Rules show MDH has authority over epidemiologic investigations and control of disease in all areas of the state except when written agreements exist to share responsibilities with local health departments. The only written agreement in Goodhue County is the State Community Health Services Advisory Committee's (SCHSAC) DP&C Common Activities Framework (Framework) formally adopted between GCHHS and MDH as duty #9 in the Master Grant Contract Subpart A (see also D1).</p> <p>Objective B: Request protocols for investigations of health problems, environmental, and/or occupational public health hazards with specific steps that include case investigation steps and timelines and reporting requirements for</p>	<p>Documentation for Action 1: State statute sections 157 and 145A.07 and map showing MDH has authority in Goodhue County, with narrative explanation</p> <p>Documentation for Action A2: 2017 Childhood Blood Lead Case Management Guidelines for Minnesota, state statute section 144.9504, and evidence Goodhue County has "relinquished these duties back to the commissioner" as specified in 144.9504 subd. 1(a).</p> <p>Documentation for Action A3: State statute and Minnesota Administrative Rules showing MDH has authority over epidemiologic investigations and control of disease in all areas of the state except when written agreements exist to share responsibilities with local health departments. Include the only written agreement in Goodhue County, which is the Master Grant Contract duty #9 and the Framework (see also D1).</p> <p>Documentation for Objective B: Investigation of request for protocols for investigations of health problems, environmental, and/or occupational public health hazards with specific steps that include case investigation steps and</p>

28% DONE, 25% OF OUR DEADLINE, JUN. 2018



61% DONE, 60% OF OUR DEADLINE, NOV. 2018

GCHHS Accreditation check-in meeting November 6, 2018

(60% of the way to our deadline)

Lead (listed 1 st):	Total Objectives/Activities:	# Saved	% Saved
DP&C Team	31	30	97%
EH Team	28	11	39%
EP Team	27	13.5	50%
C&TC Staff	7	7	100%
LWGC Staff	5	0	0%
David/Ruth/Nina	2	0	0%
Leadership Team	5	4	80%
Katie/Mary/Ruth/QI Committee	5	4	80%
Mary/Katie/Ruth-Ethics	4	4	100%
Ruth	54	31	57%
Objectives w/o Documentation	3	N/A	<u>N/A</u>
TOTAL	171 (165+6 NEW=171)	104	61%



ACTION PLAN MOCK REVIEW, FEB. 2019



ACTION PLAN READY TO SUBMIT, MAR. 2019



ACTION PLAN SUBMITTED, MAR. 2019



ACCREDITED BY PHAB!!!! JUNE 11, 2019

GOODHUE COUNTY NEWS FLASH

Posted on: June 21, 2019

Congratulations to Goodhue County Health & Human Services!

Goodhue County Health and Human Services announced today that it has achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, local, Tribal, and territorial public health departments. Goodhue County Health & Human Services is one of fewer than 300 health departments that have thus far achieved accreditation through PHAB since the organization launched in 2011.



[Read press release...](#)

The Lake City Graphic

Public health earns accreditation

From Goodhue Co
Health and Human S
Goodhue County
and Human Services
nounced that it has a
national accreditation
the Public Health Ac
tion Board (PHAB)

PAGE 4A • NEWS-RECORD, WEDNESDAY, JULY 3, 2019

Goodhue County HHS awarded national accreditation

By Goodhue County
Health and Human Services
Goodhue County Health and
Human Services announced on
June 20 that it has achieved
national accreditation through
the Public Health Accredita-
tion Board (PHAB). The na-

creditation process helps to
ensure that our work is guided
by proven, effective national
standards, and this is now em-
bedded in our health and hu-
man services operations."
The national accreditation
program, jointly supported by

Health and Human Services.
"During this process, we iden-
tified strengths and weaknesses,
which enabled us to make
changes to meet or exceed na-
tional standards with our orga-
nizational structure, operations,
programs and services. This has

departments in a strong com-
mitment to their public health
mission," said PHAB President
and CEO Kaye Bender, PhD,
RN, FAAN. "The peer-review
process provides valuable feed-
back to inform health depart-
ments of their strengths and

for the program. As of June 11,
2019, there are now 268 PHAB-
accredited health departments,
plus statewide integrated local
public health department sys-
tem (Florida). PHAB-accred-
ited health departments now
serve 79% of the U.S. popula-

"Goodhue County Health
Human Services has mad
agency-wide commitmen
continuous quality impro
ment," said Ruth Greensl
who serves as the accre
tion coordinator for Good
County Health and Hu

STAFF RECOGNITION BREAKFAST, SEPT. 2019



TODAY!

**Accreditation
celebration
after this
meeting.**



You are Invited



Accreditation Celebration

Goodhue County Health and Human Services is proud to announce that we are now an accredited agency.

Join us for a short ceremony to celebrate this great accomplishment.

The celebration will take place on Tuesday,
September 17th 2019 at our facility,
426 West Avenue, Red Wing MN.

Tuesday, September 17th, 11:30am- 12pm.

if you have any questions please contact Laura at
Laura.smith@co.goodhue.mn.us or call 651-385-3217.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR AUGUST 2019

In-Patient Approval:

#01976732R – 36 year old male – five previous treatments – Twin Town Treatment Center, St. Paul
#01017429R – 35 year old male – numerous previous treatments – Twin Town Treatment Center, St. Paul
#03662516R – 29 year old male – one previous treatment – Vinland Center, Loretto
#05710600 – 34 year old female – no previous treatment – MNATC, Minneapolis
#04294430R – 40 year old male – three previous treatments – Cedar Ridge, Stillwater
#02686093R – 22 year old male – one previous treatment – Fountain Centers, Albert Lea
#00314635 – 53 year old male – no previous treatment – MNATC, Minneapolis
#00904336R – 27 year old male – one previous treatment – Common Ground Recovery House, Winona
#04502328 – 33 year old male – no previous treatment – NorthStar Regional – Shakopee
#02228854R – 19 year old male – one previous treatment – MNATC, Rochester

Outpatient Approvals:

#01709367R – 53 year old female – two previous treatments – Midwest Recovery, Red Wing
#03278761R – 59 year old male – one previous treatment – Common Ground, Red Wing
#02377629R – 46 year old female – one previous treatment – Common Ground, Red Wing
#02188133R – 40 year old female – five previous treatments – Common Ground, Red Wing
#00599038R – 35 year old male – one previous treatment – Common Ground, Red Wing
#01211280R – 45 year old female – two previous treatments – Midwest Recovery, Red Wing
#00721945R – 55 year old male – one previous treatment – Midwest Recovery, Red Wing
#01748273R – 53 year old male – numerous previous treatments – Midwest Recovery, Red Wing
#05418395 – 27 year old male – no previous treatment – Common Ground, Red Wing
#01522522R – 27 year old female – numerous previous treatments – Common Ground, Red Wing
#02164020R – 20 year old male – one previous treatment – Common Ground, Red Wing
#04416741 – 18 year old male – no previous treatment – Common Ground, Red Wing

Halfway House Approval: None

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



**Monthly Update
Child Protection Assessments/Investigations**

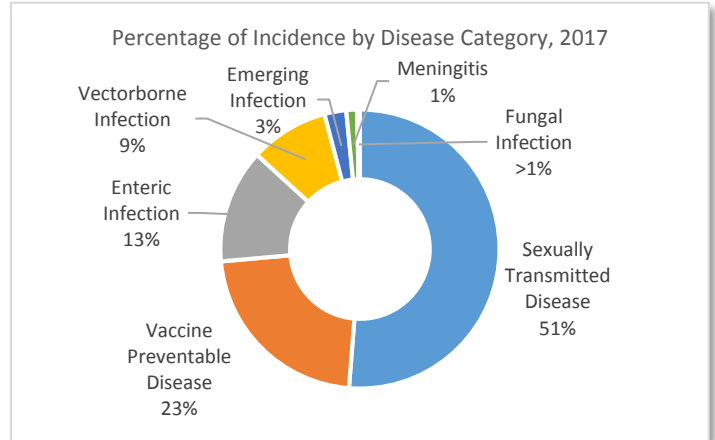
	2015	2016	2017	2018	2019
January	18	18	21	25	21
February	11	26	22	21	20
March	23	16	17	27	34
April	24	32	17	22	20
May	24	21	31	19	23
June	7	17	28	23	16
July	14	18	21	22	16
August	17	19	33	11	19
September	31	25	20	17	
October	30	18	28	28	
November	20	22	19	22	
December	17	15	16	19	
Total	236	247	273	256	169

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities!

Goodhue County

Reportable Infectious Disease Annual Report, 2017

- A total of 319 cases of reportable infectious disease occurred in 2017:
 - Sexually Transmitted Disease: 163 cases total with 133 (82%) due to Chlamydia
 - Vaccine Preventable Disease: 71 cases total with 56 (79%) due to Influenza (Hospitalizations by Season)
 - Enteric Infection: 42 cases total with 15 (36%) due to Campylobacteriosis
 - Vectorborne Infection: 29 cases total with 17 (59%) due to Lyme Disease
 - Emerging Infection: 8 cases total with 3 (38%) due to Streptococcus Group B (Invasive)
 - Meningitis/Fungal Infection: 4 reported cases of Meningitis (Aseptic, Includes Viral) and 1 reported case of Histoplasmosis

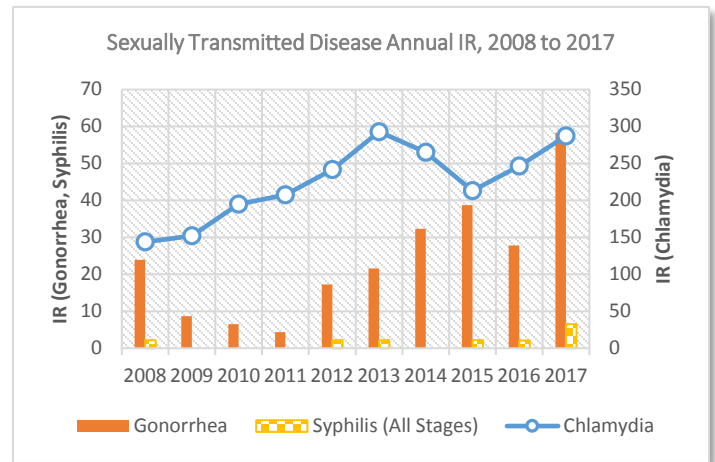


Sexually Transmitted Disease

Disease	I (IR)	IR % \updownarrow	Avg. I (IR)	Median I (IR)
Chlamydia	133 (287)	17%	104 (224)	106 (227)
Gonorrhea	27 (58)	109%	11 (24)	11 (23)
Syphilis (All Stages)	3 (6)	202%	1 (2)	1 (2)

Commentary:

- *Sexually Transmitted Disease*: Goodhue's IR increased 17% in 2017, making it the second highest year since 2008. Goodhue's average IR is lower than the SE and MN.
- *Gonorrhea*: Goodhue's IR increased 109% in 2017, making it the highest year since 2008. Goodhue's average IR is lower than the SE and MN.
- *Syphilis (All Stages)*: Three cases were reported in Goodhue in 2017, up from one case reported in 2016. Goodhue's average IR is comparable to the SE and lower than MN.



Vaccine Preventable Disease

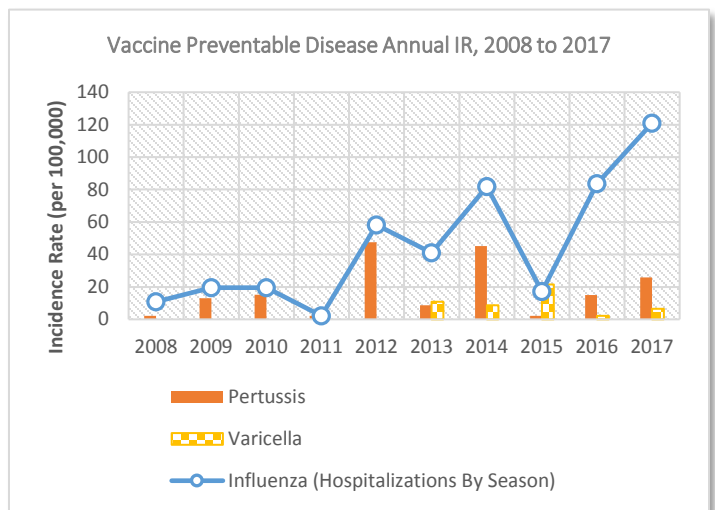
Disease	I (IR)	IR % \updownarrow	Avg. I (IR)	Median I (IR)
Influenza (Hospitalizations by Season)*	56 (121)	45%	21 (45)	14 (30)
Pertussis	12 (26)	73%	8 (18)	7 (14)
Varicella**	3 (6)	202%	5 (10)	4 (9)

*A year in the graph denotes the initial year of an influenza season

**Avg. and median incidence and incidence rates, 2013 to 2017

Commentary:

- *Influenza (Hospitalizations by Season)*: Goodhue's IR increased 45% in the 2017-18 season, making it the highest season since the 2008-09 season. Goodhue's average IR is comparable to the SE and MN.
- *Pertussis*: Goodhue's IR increased 73% in 2017, making it an above average year. Goodhue's average IR is lower than the SE and MN.
- *Varicella*: Three cases reported in Goodhue in 2017, up from one case reported in 2016. Goodhue's average IR is higher than the SE and MN.



I = Incidence for 2017

IR = Annual Incidence Rate per 100,000

IR % \updownarrow = Annual Incidence Rate Percent Change from 2016 to 2017

Median = Median Incidence or Incidence Rate, 2008 to 2017 (unless otherwise noted)

Average (Avg.) = Average Incidence or Incidence Rate, 2008 to 2017 (unless otherwise noted)

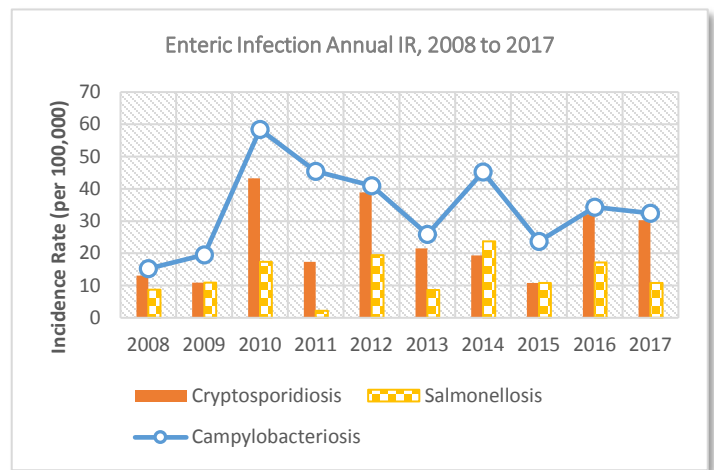
SE = LPHA Southeast District

Enteric Infection

Disease	I (IR)	IR % \updownarrow	Avg. I (IR)	Median I (IR)
Campylobacteriosis	15 (32)	-5%	16 (34)	16 (33)
Cryptosporidiosis	14 (30)	-6%	11 (24)	10 (20)
Salmonellosis	5 (11)	-37%	6 (13)	5 (11)

Commentary:

- *Campylobacteriosis*: Goodhue's IR decreased 5% in 2017, making it comparable to average year. Goodhue's average IR is higher than the SE and MN.
- *Cryptosporidiosis*: Goodhue's IR decreased 6% in 2017 but was still an above average year. Goodhue's average IR is higher than the SE and MN.
- *Salmonellosis*: Goodhue's IR decreased 37% in 2017, making it a slightly below average year. Goodhue's average IR is comparable to the SE and MN.

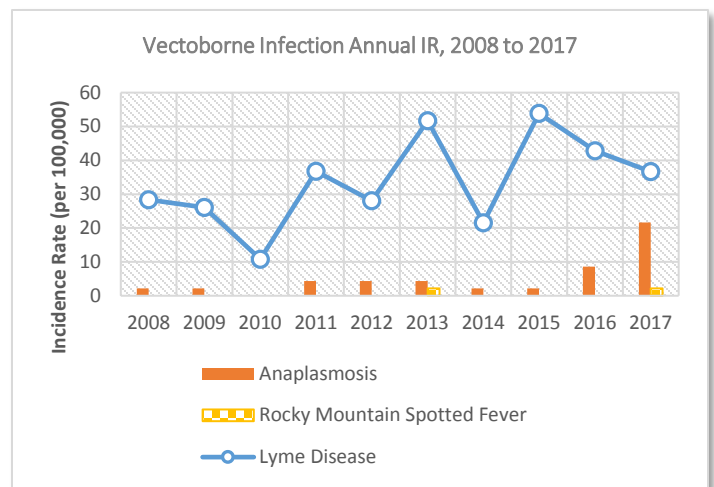


Vectorborne Infection

Disease	I (IR)	IR % \updownarrow	Avg. I (IR)	Median I (IR)
Lyme Disease	17 (37)	-14%	16 (34)	15 (33)
Anaplasmosis	10 (22)	152%	2 (5)	2 (3)
Rocky Mountain Spotted Fever	1 (2)	100%	0 (0)	0 (0)

Commentary:

- *Lyme Disease*: Goodhue's IR decreased 14% in 2017, but was still an above average year. Goodhue's average IR is higher than the SE and MN.
- *Anaplasmosis*: Goodhue's IR increased 152% in 2017, making it the highest year since 2008. Goodhue's average IR is lower than the SE and MN.
- *Rocky Mountain Spotted Fever*: A single case was reported in Goodhue in 2017, with the last reported case occurring in 2013. Goodhue's average IR is comparable to the SE and MN.

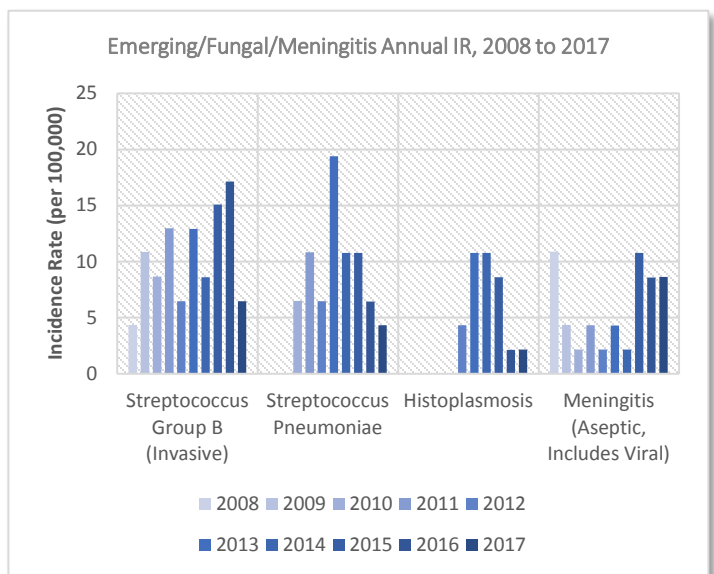


Emerging Infection/Fungal Infection/Meningitis

Disease	I (IR)	IR % \updownarrow	Avg. I (IR)	Median I (IR)
Streptococcus Group B (Invasive)	3 (6)	-62%	5 (10)	5 (10)
<i>Streptococcus Pneumoniae</i>	2 (4)	-33%	4 (8)	3 (6)
Histoplasmosis	1 (2)	1%	3 (6)	3 (6)
Meningitis (Aseptic, Includes Viral)	4 (9)	1%	3 (6)	2 (4)

Commentary:

- *Streptococcus Group B (Invasive)*: Goodhue's IR decreased 62% in 2017, making it a below average year. Goodhue's average IR is comparable to the SE and MN.
- *Streptococcus Pneumoniae*: Goodhue's IR decreased 33% in 2017, making it below average year. Goodhue's average IR is comparable to the SE and MN.
- *Histoplasmosis*: A single case was reported in Goodhue in 2017, same as 2016. Goodhue's average IR is higher than the SE and MN.
- *Meningitis (Aseptic, Includes Viral)*: Four cases were reported in Goodhue in 2017, same as 2016. Goodhue's average IR is lower than the SE and comparable to MN.



I = Incidence for 2017

IR = Annual Incidence Rate per 100,000

IR % \updownarrow = Annual Incidence Rate Percent Change from 2016 to 2017

Median = Median Incidence or Incidence Rate, 2008 to 2017 (unless otherwise noted)

Average (Avg.) = Average Incidence or Incidence Rate, 2008 to 2017 (unless otherwise noted)

SE = LPHA Southeast District

Goodhue County
Reportable Infectious Disease Annual Table, 2017
Minnesota Department of Health

Disease	County		Southeast		Minnesota		10 Year Avg. IR		
	Incidence	IR	Incidence	IR	Incidence	IR	County	SE	MN
Sexually Transmitted Disease	163		2104		31342				
AIDS	0	0	7	1	144	3	1	2	3
Chancroid	0	0	0	0	0	0	0	0	0
Chlamydia	133	287	1695	334	23528	422	224	268	337
Gonorrhea	27	58	350	69	6519	117	24	31	63
HIV	0	0	13	3	217	4	2	2	5
Syphilis (All Stages)	3	6	39	8	934	17	2	3	9
Vaccine Preventable Disease	71		672		7745				
Diphtheria	0	0	0	0	0	0	0	0	0
Influenza (Hospitalizations By Season)	56	121	580	114	6434	115	45	45	44
Measles	0	0	0	0	75	1	0	0	0
Mumps	0	0	1	0	72	1	0	0	0
Pertussis	12	26	67	13	731	13	18	29	23
Polio (Paralytic)	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	1	0	0	0	0
Varicella	3	6	24	5	432	8	10	6	7
Enteric Infection	42		414		3707				
Amebiasis	0	0	5	1	76	1	0	1	2
Botulism (Foodborne)	0	0	0	0	0	0	0	0	0
Botulism (infant)	0	0	0	0	0	0	0	0	0
Campylobacteriosis	15	32	132	26	1049	19	34	25	18
Cryptosporidiosis	14	30	91	18	481	9	24	16	7
Cyclosporiasis	1	2	3	1	23	0	0	0	0
Diphylobothrium Latum	0	0	0	0	0	0	0	0	0
E. Coli O157	1	2	13	3	96	2	5	4	2
Giardiasis	3	6	54	11	643	12	7	11	13
Listeriosis	0	0	0	0	14	0	0	0	0
Salmonellosis	5	11	72	14	916	16	13	13	14
Shigellosis	0	0	3	1	86	2	2	1	4
STEC (excluding O157)	1	2	33	7	234	4	4	4	3
Trichinosis	0	0	0	0	0	0	0	0	0
Typhoid Fever	0	0	0	0	0	0	0	0	0
Vibrio (Including Vibrio Cholerae)	0	0	0	0	22	0	0	0	0
Yersiniosis	2	4	8	2	67	1	1	1	1
Vectorborne Infection	29		164		2321				
Anaplasmosis	10	22	44	9	638	11	5	6	10
Anaplasmosis-Ehrlichiosis (undetermined)	0	0	5	1	33	1	0	0	0
Babesiosis	0	0	9	2	59	1	0	1	1
Cache Valley Virus	0	0	0	0	0	0	0	0	0
Chikungunya	0	0	0	0	4	0	0	0	0
Dengue Fever	0	0	0	0	11	0	0	0	0

IR = Annual Incidence Rate (per 100,000)

10 Avg. IR= Annual IR Average from 2008 to 2017

Disease	County		Southeast		Minnesota		10 Year Avg. IR		
	Incidence	IR	Incidence	IR	Incidence	IR	County	SE	MN
Ehrlichia chaffeensis	0	0	1	0	6	0	0	0	0
Ehrlichia ewingii	0	0	0	0	0	0	0	0	0
Ehrlichia Muris-Like	0	0	0	0	5	0	0	0	0
Jamestown Canyon	0	0	2	0	22	0	0	0	0
La Crosse Virus	0	0	0	0	1	0	0	0	0
Lyme Disease	17	37	94	19	1408	25	34	19	22
Malaria (Includes Non-Mn Residents)	1	2	4	1	67	1	0	1	1
Powassan	0	0	0	0	7	0	0	0	0
Rocky Mountain Spotted Fever	1	2	3	1	13	0	0	0	0
Tularemia	0	0	0	0	6	0	0	0	1
Typhus Fever (Fleaborne Murine)	0	0	0	0	0	0	0	0	0
West Nile Fever	0	0	1	0	30	1	0	0	1
Zika Virus	0	0	1	0	11	0	0	0	1
Emerging Infection	8		162		1693				
Haemophilus influenza	0	0	14	3	125	2	0	2	2
Legionellosis	1	2	7	1	98	2	1	1	1
Neonatal Sepsis	0	0	0	0	53	1	1	0	1
Streptococcus Group A (Invasive)	2	4	42	8	359	6	4	5	4
Streptococcus Group B (Invasive)	3	6	46	9	576	10	10	10	10
Streptococcus Pneumoniae	2	4	53	10	482	9	9	10	10
Meningitis	4		42		376				
Meningitis (Neisseria Meningitidis)	0	0	1	0	5	0	0	0	0
Meningitis (Non-Neisseria Meningitidis Bacterium)	0	0	3	1	26	0	1	1	0
Meningitis (Aseptic, Includes Viral)	4	9	38	7	345	6	6	8	6
Fungal Infection	1		22		227				
Blastomycosis	0	0	2	0	44	1	0	1	1
Coccidiomycosis	0	0	0	0	0	0	0	0	0
Histoplasmosis	1	2	20	4	183	3	6	4	4
Mycobacterium Infection	0		14		178				
Hansen Disease	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	14	3	178	3	1	3	3
Hepatitis	0		2		112				
Hepatitis A	0	0	0	0	30	1	0	1	1
Hepatitis B (Non-perinatal)	0	0	0	0	23	0	0	0	0
Hepatitis B (Perinatal)	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	2	0	59	1	1	0	1
Zoonotic Infection	1		3		49				
Brucellosis	0	0	0	0	3	0	0	0	0
Cat Scratch Disease	0	0	0	0	0	0	0	0	0
Plague	0	0	0	0	0	0	0	0	0
Q Fever (Acute)	0	0	0	0	1	0	0	0	0
Q Fever (Chronic)	0	0	0	0	1	0	0	0	0
Rabies (Animal)	1	2	3	1	35	1	1	1	1
Rabies (Human)	0	0	0	0	0	0	0	0	0
Toxoplasmosis	0	0	0	0	9	0	0	0	0
Other	0		3		34				
Kawasaki Disease	0	0	2	0	21	0	1	1	1

IR = Annual Incidence Rate (per 100,000)

10 Avg. IR= Annual IR Average from 2008 to 2017

Disease	County		Southeast		Minnesota		10 Year Avg. IR		
	Incidence	IR	Incidence	IR	Incidence	IR	County	SE	MN
Staphylococcal Toxic Shock Syndrome	0	0	0	0	2	0	0	0	0
Streptococcus Toxic Shock Syndrome	0	0	1	0	11	0	0	0	0
Total	319		3602		47784				

IR = Annual Incidence Rate (per 100,000)

10 Avg. IR= Annual IR Average from 2008 to 2017



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

July 10, 2019

Nina Arneson, MS
Director
Goodhue County Health and Human Services
Public Health Division
426 West Avenue
Red Wing, Minnesota 55066

Dear Ms. Arneson:

On behalf of the Centers for Disease Control and Prevention (CDC), we are pleased to congratulate the Goodhue County Health and Human Services on its accreditation by the Public Health Accreditation Board (PHAB).

Your national accreditation status lets your partners and community know that your organization meets national standards and provides services that all residents should come to expect from their health departments. Moreover, because the national accreditation program seeks to advance the quality and performance of all health departments, your participation in this program indicates your commitment to the continuous improvement of your health department's services.

Your accreditation from PHAB is an impressive achievement. CDC recognizes the time and effort that leaders and staff members from all levels of your health department have dedicated to this effort. We commend the Goodhue County Health and Human Services for this extraordinary accomplishment.

Sincerely,

A handwritten signature in blue ink that reads "José T. Montero".

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local,
and Territorial Support, CDC

A handwritten signature in blue ink that reads "Robert R. Redfield MD".

Robert R. Redfield, MD
Director, CDC